

## FIRE PROTECTION SYSTEM DEMOLITION PERMIT APPLICATION

DATE	PERMIT NO
JOB NAME	SQUARE FEET
ADDRESS	
CONTRACTOR	ROC
EMAIL	PHONE
G.C./SUPERINTENDENT	PHONE
EMAIL G.C./SUPERINTENDENT	
FIRE PROTECTION SYSTEM DEMOLITION PERMIT SUBMIS	SION REQUIREMENTS:
<ul> <li>COMPLETED PERMIT FORM / PAYMENT OF FEES</li> <li>SCOPE OF WORK</li> </ul>	
$\Box$ Fire Protection System Demolition Permit	\$258
System Type:	
$\Box$ Fire Protection System Demolition Resubmittal	\$108
$\Box$ Fire Protection System Demolition Reinspection	\$125
Unpermitted Demolition Fee	\$774
	PERMIT STATUS:

PLANS DELIVERED BY		
	(please print name)	
AMOUNT PAID	_ CHECK	CC
ISSUED BY		
PLANS PICKED UP BY		
DATE	(please print name)	

All construction permits are valid for 180 days from date of **permit approval**. One or more extensions may be granted by the fire code official prior to expiration following a written request from the permitted contractor which demonstrates cause.

## Central Arizona Fire and Medical Authority – Fire Prevention Division 8603 E. Eastridge Drive, Prescott Valley, AZ 86314 928-772-7711