



OTHER OPERATIONAL PERMIT APPLICATION

DATE _____ PERMIT NO _____

JOB NAME _____ SQUARE FEET _____

ADDRESS _____

CONTRACTOR _____ ROC _____

EMAIL _____ PHONE _____

OTHER OPERATIONAL PERMIT SUBMISSION REQUIREMENTS:

☐ COMPLETED PERMIT FORM / PAYMENT OF FEES

☐ Other Operational Permit, not previously specified – Inspection during business hours \$283

☐ Other Operational Permit – Reinspection \$125

☐ Unpermitted Event / Operation Fee \$849

PERMIT SUBMITTED BY _____
(please print name)

AMOUNT PAID _____ CHECK _____ CC _____

ISSUED BY _____

PERMIT PICKED UP BY _____
(please print name)

DATE _____

PERMIT STATUS:

Expiration Date: _____

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

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