



**EXPRESS GATE PERMIT
APPLICATION
(SINGLE VISIT PROCESS)**



Property Owner _____ Phone # _____

Name of Property _____

Property Address _____

Date Property Was Built _____

Type of Plans Being Submitted: Stamped and Approved Site Plans / Hand Drawn With Arial Views

Type of Property: Multifamily Residence / Single-Family Residential / Commercial

Installing Contractor's Company Name _____ Phone # _____

Arizona ROC License # _____ Class of License _____

Name of Installing Contractor's Representative _____

Express Gate Certification # _____

_____ Number of Automatic Gates _____ Number of Manual Gates

If Gates Are Automatic Please Answer The Following Questions

Electrical Company Name _____ Phone # _____

Arizona ROC License # _____ Class of License _____

Electrical Load of Gate Controller(s) _____

Rating of Gate Controller Circuit(s) _____

Service Equipment Ratings _____

Distance From Operators To Service _____

Valuation of Work _____

DSD USE

FPPR# _____ Date _____ Initials _____

Permit Type # _____ Project # _____

Permit Name _____

CENSUS	QTR SEC	CNCL DIST	ZONING
UNITS	OCCUPANCY	CONST TYPE	STRUC CLASS

EXPRESS GATE
PERMIT APPLICATION
FAX

Fax

To: Fire Prevention (Express Gate Program) From: _____
Fax: 602-271-9243 Pages: _____
Phone: 602-618-0856 Date: _____
Re: EXPRESS GATE PERMIT APP. CC: _____

This fax is specifically intended for Express Gate Plan submittals only!

Comments:
