

# City of Phoenix



# Fire Prevention

# Prelog Manual Intent

The intent of this administrative prelog manual is to provide the public with guidance for the requirements when submitting plans for review to the Phoenix Fire Department (PFD). Scopes of work that require permits are found in Chapter 1 Sections 105.6 & 105.7 of the Phoenix Fire Code. Prelog and plan submittal forms shall be filled out and included in the submittal package when applying for a permit or plan review.

# Prelog Forms Manual

## Table of Contents

Prelog Manual Intent	2
Outdoor Fire Works Prelog	5
Fire Performer Prelog	6
Temporary Indoor Building Use Prelog	7
Indoor Flame & Pyrotechic Effects Prelog	8
Indoor Place of Assembly Prelog	9
Amusement, Haunted House or Maze Prelog	10
Outdoor Assembly Prelog	11
Tent and Membrane Structures Prelog	12
Trade Show Prelog	13
Vehicle Display Prelog	14
Consumer Fireworks Sales Prelog	15
LPG Flame Effects Prelog	16
Bonfire Prelog	17
FITM – Automatic Hood Supression System	18
FITM – Fire Alarm System	19
FITM – Fire Sprinkler System	20
Battery Energy Storage System	21
Anhydrous Ammonia System Prelog	22
CO <sub>2</sub> Compressed Gas System Prelog	23
Cryogen System Prelog	24
Flammable/Combustible Liquids Tank Prelog With Fixed Protection	25
Hazardous Material Tank Prelog	26
Liquefied CO <sub>2</sub> System Prelog	27
LPG Exchange Prelog	28
LPG Tank Install or Modification Prelog	29
Temporary Fire Pump Prelog	30
Temporary Fire Lines / Hydrants Prelog	31
Demo of Fire Protection Equipment Prelog	32
Private Hydrant Flow Test Prelog	33

Life Safety Report Prelog	34
Fire Fighter Breathing Air System Prelog	35
Fire Apparatus Access Road Prelog	36
Luminous Egress Markings Prelog	37
ERRC Prelog	38
High Piled Combustible Storage Prelog	39
Smoke Control System Prelog	41
Post Fire Smoke Removal Prelog	42
Fire, Smoke and Heat Vent Prelog	43
Gas Detection Prelog	44
Combustible Dust or Fiber Prelog	45
Spraying or Dipping Prelog	46

# Outdoor Fire Works Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be proved with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Fireworks, outdoor retail sales. An *operational* permit is required to conduct retail sales of fireworks outdoors.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Outdoor Pyrotechnic/ Firework Display Operational Permit Application
- ☐ 2-Sets of Plans – Site Map
- ☐ Scope of work
- ☐ Licensed Pyrotechnic COF Holder
- ☐ Property Ownership Verification Form

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Fire Performer Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be proved with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Open burning or bonfire. An *operational* permit is required for the kindling or maintaining of an open fire or a fire on any public street, alley, road, or other public or private ground. Instructions and stipulations of the permit shall be adhered to.

Exception: Recreational fires.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Fire Performer Application
- ☐ 2-Sets of Plans
- ☐ Site Map
- ☐ Scope of work
- ☐ Devices Used in Performance
- ☐ Performance Area Details

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Temporary Indoor Building Use Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Temporary indoor building use (TIBU). An *operational* permit is required to conduct a public assembly event in a building not designed for assembly.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Event Application
- ☐ Pre-submittal Checklist
- ☐ Commercial / Multifamily Permit/ Plan Review Application – Where applicable
- ☐ Assembly Permits Application – Where applicable
- ☐ Indoor Special Event Checklist – Where applicable
- ☐ 2-Sets of Plans
- ☐ Scope of work

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Indoor Flame & Pyrotechic Effects Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Pyrotechnic special effects material. An *operational* permit is required for use and handling of pyrotechnic special effects material.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Indoor Pyrotechnic / Firework Display Operational Permit Application
- ☐ Property Ownership Verification Form
- ☐ Certificate of Insurance
- ☐ Specification of pyro to be used, include technical data sheets from manufacturer or industry
- ☐ Indoor Special Event Checklist – Where applicable
- ☐ 2-Sets of Plans
- ☐ Scope of work

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Indoor Place of Assembly Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Indoor temporary place of assembly. An *operational* permit is required conduct a public assembly when the means of egress are altered.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Special Event Indoor Assembly Operational Permit Application
- ☐ Crowd Manager Form – for sites with occupant load over 500
- ☐ 2-Sets of Plans
- ☐ Scope of work

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Amusement, Haunted House or Maze Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Amusement buildings. An *operational* permit is required to operate a special amusement building.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Assembly Permit Application
- ☐ Amusement Building, Haunted House or Maze Application Checklist
- ☐ 2-Sets of Plans
- ☐ Scope of work

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Outdoor Assembly Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Outdoor assembly event. An operational permit is required to conduct an outdoor assembly event where planned attendance exceeds 500 persons, or where 50 or more persons are in a confined area.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Special Event Outdoor Assembly Operational Permit Application
- ☐ Crowd Manager Application
- ☐ 2-Sets of Plans
- ☐ Scope of work

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Tent and Membrane Structures Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Temporary membrane structures and tents. An *operational* permit is required to operate an air-supported temporary membrane structure, a temporary special event structure or a tent having an area in excess of 800 square feet.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Tent Permit Application
- ☐ Planning & Development Sign-off Form
- ☐ Tent and Air-Supported Temporary Membrane Structure Permit Checklist
- ☐ Tent Staking or Ballasting Plan
- ☐ 2-Sets of Plans
- ☐ Scope of work

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Trade Show Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

105.6.13 Exhibits and trade shows. An *operational* permit is required to operate exhibits and trade shows.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Trade Shows & Exhibits Operational Permit Application
- ☐ 2-Sets of Plans
- ☐ Scope of work

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Vehicle Display Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

An *operational* permit is required to display, or demonstrate liquid, or gas-or fueled vehicles or electric vehicles or equipment in buildings.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Vehicle Display Application
- ☐ 2-Sets of Plans
- ☐ Scope of work

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Consumer Fireworks Sales Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Fireworks, wholesale sales. An *operational* permit is required for wholesale sale of consumer fireworks.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Consumer Fireworks Sales Operational Permit Application
- ☐ Property Usage Authorization Form
- ☐ 2-Sets of Plans
  - ☐ Detailed site plan
  - ☐ Location and size of exits
  - ☐ Location of fire extinguisher(s)
  - ☐ Location of tables, chairs, etc.
- ☐ Scope of work

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# LPG Flame Effects Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Pyrotechnic special effects material. An *operational* permit is required for use and handling of pyrotechnic special effects material.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ LP-Gas Flame Effect Permit Application
- ☐ Notarized Hold Harmless Clause
- ☐ Certificate of Insurance
- ☐ Specifications of pyrotechnic equipment to be used, include manufacturer or industry technical data
- ☐ 2-Sets of Plans
  - ☐ Detailed site plan
  - ☐ Location and size of exits
  - ☐ Location of fire extinguisher(s)
  - ☐ Location of tables, chairs, etc.
- ☐ Scope of work

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Bonfire Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Open burning or bonfire. An *operational* permit is required for the kindling or maintaining of an open fire or a fire on any public street, alley, road, or other public or private ground. Instructions and stipulations of the permit shall be adhered to.

Exception: Recreational fires.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Bonfire Operational Permit Application
- ☐ 2-Sets of Plans
- ☐ Scope of work

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# FITM – Automatic Hood Supression System

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be proved with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Hood Suppression System. A *construction* permit is required to install a hood suppression system.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Fire Plan Review Application
- ☐ 2-Sets of Plans
  - ☐ Site address & AZ PE Stamp on all design documents
  - ☐ Kitchen floor plan must be included.
- ☐ Scope of work
- ☐ Contractor's name on plans
- ☐ Site map (include exterior access, fire protection features, hazardous materials)
- ☐ Signage; location and details
- ☐ Cut sheets/Technical data from manufacturer
- ☐ (For staff to verify) Additional permit to tie-in monitoring may be required.

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# FITM – Fire Alarm System

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be proved with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Fire alarm and detection systems and related equipment. A *construction* permit is required for installation of or modification to fire alarm and detection systems and related equipment.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Fire Plan Review Application
- ☐ 2-Sets of Plans
  - ☐ Site address & AZ PE Stamp on all design documents
- ☐ Scope of work
- ☐ Contractor's name on plans
- ☐ Site map
- ☐ Signage; location and details
- ☐ Battery Calculations (may be required)
- ☐ Show new devices and existing devices
- ☐ Cut sheets/Technical data from manufacturer

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# FITM – Fire Sprinkler System

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be proved with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Fire alarm and detection systems and related equipment. A *construction* permit is required for installation of or modification to fire alarm and detection systems and related equipment.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Fire Plan Review Application
- ☐ 2-Sets of Plans
  - ☐ Site address & AZ PE Stamp on all design documents
- ☐ Scope of work
- ☐ Contractor's name on plans
- ☐ Site map (include exterior access, fire protection features, hazardous materials)
- ☐ Signage; location and details
- ☐ Hydraulic Calculations (may be required)
- ☐ Show new and existing fire sprinklers (identified in sprinkler legend)
- ☐ Cut sheets/Technical data from manufacturer

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Battery Energy Storage System

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be proved with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Battery systems. A *construction* permit is required to install stationary storage battery systems.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- |  |  |
|--|--|
| <input type="checkbox"/> Fire Plan Review Application  | <input type="checkbox"/> Details on energy management system                           |
| <input type="checkbox"/> Hazardous Materials Application   | <input type="checkbox"/> Signage; location and details                                 |
| <input type="checkbox"/> 2-Sets of Plans   | <input type="checkbox"/> Fire protection system(s)                                     |
| ○ Site address & AZ PE Stamp on all design documents   | <input type="checkbox"/> Gas detection system(s)                                       |
| <input type="checkbox"/> Scope of work   | <input type="checkbox"/> Rack storage arrangement, including seismic support criteria. |
| <input type="checkbox"/> Types & Quantities of batteries/battery systems                                   | <input type="checkbox"/> Hazard Mitigation Analysis                                    |
| <input type="checkbox"/> Contractor's name on plans  | <input type="checkbox"/> Details on Spill Control & Neutralization,                    |
| <input type="checkbox"/> Site map (include exterior access, fire protection features, hazardous materials) | <input type="checkbox"/> Explosion Control,  |
| <input type="checkbox"/> Location of battery(ies)  | <input type="checkbox"/> Emergency energy release                                      |
|  | <input type="checkbox"/> Cut sheets/Technical data from manufacturer                   |

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.  
☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Anhydrous Ammonia System Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Refrigeration equipment. An *operational permit* is required to operate a mechanical refrigeration unit or system regulated by Chapter 6.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- |   |  |
|---|--|
| <input type="checkbox"/> Fire Plan Review Application                       | features, hazardous materials)                                       |
| <input type="checkbox"/> Hazardous Materials Application                    | <input type="checkbox"/> Cut sheets/Technical data from manufacturer |
| <input type="checkbox"/> 2-Sets of Plans                                    | <input type="checkbox"/> Detection/Notification device layout        |
| ○ Site address & AZ PE Stamp on all design documents                        | <input type="checkbox"/> Emergency pressure control system           |
| <input type="checkbox"/> Scope of work                                      | <input type="checkbox"/> Engineered process piping drawings          |
| <input type="checkbox"/> Operation of Emergency Pressure Control System     | <input type="checkbox"/> Relief vent piping calculations             |
| <input type="checkbox"/> Contractor's name on plans                         | <input type="checkbox"/> Ammonia diffusion tank calculations         |
| <input type="checkbox"/> Site map (include exterior access, fire protection | <input type="checkbox"/> Sequence of operations                      |

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# CO<sub>2</sub> Compressed Gas System Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Compressed gases. An *operational permit* is required for the storage, use or handling at normal temperature and pressure (NTP) of compressed gases in excess of the amounts listed in Table 105.6.8.

Where the compressed gases in use or storage exceed the amounts listed in Table 105.6.8, a *construction permit* is required to install, repair damage to, abandon, remove, place temporarily out of service, or close or substantially modify a compressed gas system.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Fire Plan Review Application
- ☐ 2-Sets of Plans
  - Site address & AZ PE Stamp on all design documents
- ☐ Hazardous Materials Application
- ☐ Cut sheets/Technical data from manufacturer for piping, storage vessels, detection alarms and cabinet
- ☐ Notification device's location, and detector locations including set limits for detection system
- ☐ Ventilation system drawings and cut sheets
- ☐ Engineered process piping drawings
- ☐ Engineered process piping drawings

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Cryogen System Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Cryogenic fluids. An *operational permit* is required to produce, store, transport on site, use, handle or dispense cryogenic fluids in excess of the amounts listed in Table 105.6.10.

Cryogenic fluids. A *construction permit* is required for installation of or alteration to outdoor stationary cryogenic fluid storage systems where the system capacity exceeds the amounts listed in Table 105.6.10.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Fire Plan Review Application
- ☐ 2-Sets of Plans
  - ☐ Site address & AZ PE Stamp on all design documents
- ☐ Site map
- ☐ Scope of work
- ☐ Cut sheets/Technical data from manufacturer
- ☐ Ventilation Calculations
- ☐ Report of flow capacities of the safety relief valves sealed by an Arizona Licensed Engineer
- ☐ Engineered process piping drawings
- ☐ U1A Report for Microbulk Tank
- ☐ Shop drawing of tank that shows pressure relief valves and indicates location of emergency shut-offs

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Flammable/Combustible Liquids Tank Prelog with Fixed Protection

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be proved with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Flammable and Combustible Liquids. An *operational permit* is required to produce, store, use, handle or dispense flammable or combustible liquids in accordance with section 105.6.16.

Flammable and Combustible Liquids. A *construction permit* is required to produce, store, use, handle or dispense flammable or combustible liquids in accordance with section 105.7.9.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- |  |  |
|--|--|
| <input type="checkbox"/> Plan Review Submittal Application                 | <input type="checkbox"/> Tank shop drawings  |
| <input type="checkbox"/> 2-Sets of Plans                                   | <input type="checkbox"/> Emergency vent calculations                                   |
| ○ Site address & AZ PE Stamp on all design documents                       | <input type="checkbox"/> Piping diagrams   |
| <input type="checkbox"/> Scope of work      Licensed Installing Contractor | <input type="checkbox"/> Cut sheets/Technical data from manufacturer on all components |
| <input type="checkbox"/> Site map  | <input type="checkbox"/> Fire Protection Drawings                                      |

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Hazardous Material Tank Prelog

Installation or Modification

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Hazardous materials. An operational permit is required to store, transport on site, dispense, use or handle hazardous materials in excess of the amounts listed in Table 105.6.20.

Hazardous materials. A construction permit is required to install, repair damage to, abandon, remove, place temporarily out of service, or close or substantially modify a storage facility, hazardous materials storage tank, gas cabinet, exhausted enclosure, gas room or chemical drainage and containment area or other area regulated by Chapter 50 where the hazardous materials in use or storage exceed the amounts listed in Table 105.6.20.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- |  |  |
|--|--|
| <input type="checkbox"/> Plan Review Submittal Application                 | <input type="checkbox"/> Piping diagrams   |
| <input type="checkbox"/> 2-Sets of Plans                                   | <input type="checkbox"/> Cut sheets/Technical data from manufacturer on all components |
| ○ Site address & AZ PE Stamp on all design documents                       | <input type="checkbox"/> MAQ Calculations  |
| <input type="checkbox"/> Scope of work      Licensed Installing Contractor | <input type="checkbox"/> Spill Control and containment calculations                    |
| <input type="checkbox"/> Site map  | <input type="checkbox"/> Specifications on Overfill Prevention                         |
| <input type="checkbox"/> Tank shop drawings                                | <input type="checkbox"/> Specifications on Signage / NFPA 704 Diamonds                 |
| <input type="checkbox"/> Emergency vent calculations                       |  |

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.  
☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Liquefied CO<sub>2</sub> System Prelog

Installation or Modification

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Carbon dioxide liquid systems. An operational permit is required to operate a carbon dioxide liquid system.

Carbon dioxide compressed gas systems, liquefied. A construction permit is required to install or modify a liquefied carbon dioxide compressed gas system (beverage dispensing, etc.).

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- |  |  |
|--|--|
| <input type="checkbox"/> Plan Review Submittal Application                 | alarms and cabinet   |
| <input type="checkbox"/> Scope of work                                     | <input type="checkbox"/> Engineered process piping drawings                |
| <input type="checkbox"/> Licensed Installing Contractor                    | <input type="checkbox"/> Tank shop drawings                                |
| <input type="checkbox"/> Fire Alarm Contractor, if applicable              | <input type="checkbox"/> Ventilation system drawings and cut sheets        |
| <input type="checkbox"/> 2-Sets of Plans                                   | <input type="checkbox"/> System drawings identifying products point of use |
| ○ Site address on all design documents                                     | <input type="checkbox"/> Notification devices location, and detector       |
| <input type="checkbox"/> Cut sheets for piping, storage vessels, detection | locations including set limits for detection system                        |

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# LPG Exchange Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

LP-gas. A construction permit is required for installation, alteration or modification of an LP-gas system including racks storing 20-pound cylinders for the purpose of conducting an LP-gas exchange program at a specific site.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Zoning Approval – obtain before submitting application to the Fire Department
- ☐ 2-Sets of Plans
  - ☐ Site address on all design documents
- ☐ Detailed location plan
- ☐ Cut sheets/Technical data from manufacturer on all components
- ☐ Licensed Installing Contractor
- ☐ Location of exchange cage and position related to business entrance
- ☐ Location of electrical outlets, if any
- ☐ Location of extinguishers and fire alarm devices

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# LPG Tank Install or Modification Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

LP-gas. An operational permit is required for storage and use of LP-gas; operation of cargo tankers that transport LP-gas; or flare off.

LP-gas. A construction permit is required for installation, alteration or modification of an LP-gas system including LP-gas containers with an aggregate water capacity of 125 gallons or more used exclusively for vapor service; LP-gas containers used for liquid transfer service; individual containers less than 125-gallon water capacity serving occupancies in Group R-3, exclusively for vapor service.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Zoning Approval – obtain before submitting application to the Fire Department
- ☐ 2-Sets of Plans
  - Site address on all design documents
- ☐ Detailed location plan
- ☐ Cut sheets/Technical data from manufacturer on all components
- ☐ Licensed Installing Contractor
- ☐ Location of exchange cage and position related to business entrance
- ☐ Location of electrical outlets, if any
- ☐ Location of extinguishers and fire alarm devices

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Temporary Fire Pump Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Fire pumps and related equipment. A construction permit is required for installation of or modification to fire pumps and related fuel tanks, jockey pumps, controllers and generators.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Formal appeal application submittal with documentation
- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans
  - ☐ Site address & AZ PE Stamp on all design documents
- ☐ Existing Sprinkler Plans with System Demands, Temporary Fire Pump shown on site map including water supply connections and proposed connections to existing sprinkler or standpipe system
- ☐ Scope of Work
- ☐ Licensed Installing Contractor with PFD Business Certificate Number
- ☐ Site Map
- ☐ Temporary Fire Pump Technical Data, including rated flow & pressure
- ☐ Cut sheets/Technical data from manufacturer on all components
- ☐ Existing Fire Pump Technical Data, including rated flow & pressure, pump on/off set points
- ☐ Existing Jockey Pump Technical Data, including rated flow & pressure, pump on/off set points
- ☐ Temporary Fire Pump Diesel Tank Specifications \*\*\*Requires Hazmat Permit\*\*\*

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Temporary Fire Lines / Hydrants Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Hydrant, temporary. A construction permit is required for the installation of a temporary hydrant and up to 500 feet of fire line.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans – Showing all piping and associated equipment
  - ☐ Site address & AZ PE Stamp on all design documents
  - ☐ Water Design Report sealed and signed by Professional Engineer.
- ☐ Scope of Work
- ☐ Cut sheets/Technical data from manufacturer on all components
- ☐ Licensed Installing Contractor with PFD Business Certificate Number
- ☐ Site Map
- ☐ Hydrant specifications with Phoenix Threads
- ☐ Pipe and fitting specifications
- ☐ Source of water supply
- ☐ Fire Flow Calculations per Appendix B of the Phoenix Fire Code

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Demo of Fire Protection Equipment Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Fire protection system removal permits. A removal permit allows the applicant to remove systems or equipment. The fire department shall be notified when any system is to be removed. Removal permits shall only be issued to current qualified contractors.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Plan Review Submittal Application – Required for plan review or OTC permit depending on scope of demo work
- ☐ 2-Sets of Plans – Showing equipment or system to be demo'd/removed \*\*\*AS BUILT\*\*\*
- ☐ Scope of Work
- ☐ Licensed Installing Contractor with PFD Business Certificate Number
- ☐ Site Map

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Private Hydrant Flow Test Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Hydrant, private water flow test. Water flow tests on private hydrants, to be used in the design of fire protection systems, shall be witnessed by the Phoenix Fire Department.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Phoenix Fire Department Private Hydrant Flow Test Application
- ☐ 2-Sets of Plans
  - ☐ Showing flow and static hydrant locations
  - ☐ Showing backflow prevention location
  - ☐ Showing point of connection of private fire line to public water supply
- ☐ Site Map
- ☐ Hydrant specifications
  - ☐ List hydrant type (wet or dry barrel), hydrant class, and flow ratings

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Life Safety Report Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Life Safety Report. A Life Safety Report, providing a description of the fire protection in the building, shall be prepared by a Registered Design Professional prior to submitting construction drawings for: high-rise buildings; covered mall buildings; buildings containing atriums, storage height over 40 feet or Group F and S occupancies over 500,000 square feet; and other structures as determined by the fire code or building official. This description shall include the basic concepts used for suppression, alarm, notification, egress, fire resistive assemblies, smoke control, and other related systems, as well as the coordination of those systems. Additional fire protection and/or life safety systems including hose connections may be required by the fire code official. Upon completion of the project, a copy of the approved documentation shall be maintained, including any changes and updates, both at the site and with the Fire

Department Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Plans
  - ☐ Building Plans
  - ☐ Site Plans
  - ☐ Life Safety Plans
- ☐ FLSR
  - ☐ Formatted in accordance with FLSR Explanatory Policy \*\*\* See PFD Website for Policies\*\*\*

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Fire Fighter Breathing Air System Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Firefighter breathing air system. A construction permit is required for installation or modification of a firefighter breathing air system.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans
  - ☐ Site address & AZ PE Stamp on all design documents
  - ☐ \*\*\*Approved Site Plan\*\*\* - With Red Curbing Shown
  - ☐ System Layout – Include DMAC location approval from PFD
  - ☐ Piping drawings – Showing method of piping protection
- ☐ Equipment specifications including piping specifications & interior fill panel supply line specifications
- ☐ Licensed Installing Contractor with PFD Business Certificate Number – Including installation certification for installers
- ☐ Calculations

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Fire Apparatus Access Road Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Alternate surface access roads. A construction permit is required to install or modify alternative surface fire apparatus access roads.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans
  - ☐ Site address & AZ PE Stamp on all design documents
  - ☐ Show Signage, Markings, Road Widths, Turning Radius
  - ☐ Show Gates if applicable with FD locks, e-keys, preemption
- ☐ Road specifications including base and topsoil compaction specifications
- ☐ Licensed Installing Contractor
- ☐ AZ PE Stamp on Geotechnical Design Report

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Luminous Egress Markings Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Approved luminous egress path markings delineating the exit path shall be provided in new and existing high-rise buildings of Group A, B, E, I-1, M and R-1 occupancies in accordance with this section.

Exception: Luminous egress path markings shall not be required on the level of exit discharge in lobbies that serve as part of the exit path in accordance with Section 1028.1, Exception 1.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans
  - Site address & AZ PE Stamp on all design documents
  - Show all egress routes required to have markings
  - Show details of stair, rails, doors receiving markings
- ☐ Scope of work
- ☐ Cut sheets/Technical data from manufacturer.

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# ERRC Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Emergency responder radio coverage system. A construction permit is required for installation of or modification to emergency responder radio coverage systems and related equipment. Maintenance performed in accordance with this code is not considered to be a modification and does not require a construction permit.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans
- ☐ Approved RWC Rebroadcast Authorization Application
- ☐ FCC Licensed Certification
- ☐ In-building Systems Training Certification
- ☐ Cut sheets/Technical data from manufacturer
- ☐ Engineered Stamped Drawings to include but not limited to:
  - Scope of Work
  - Site Map
  - Floor Plan
  - Show Room Names
  - Show location of all ERRCS Equipment
  - Show Conduit and Conductor Sizes
  - Show Outdoor and in Building Antennae
  - Riser Diagram
  - Schematic Drawing of Electrical System and Backup Power
  - Secondary Power Calculation
  - Signal Propagation Map
  - System Monitoring

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# High Piled Combustible Storage Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

High-piled storage. An operational permit is required to use a building or portion thereof with more than 500 square feet, including aisles, of high-piled storage.

High-piled combustible storage. A construction permit is required for the installation of or modification to a structure exceeding 500 square feet, including aisles, for high-piled combustible storage. Maintenance performed in accordance with the Phoenix Fire code is not considered to be a modification and does not require a construction permit.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans
- ☐ Site address & AZ PE Stamp on all design documents
- ☐ Scope of work
- ☐ Site map – Showing Building Access in accordance with FD Access Road Requirements
- ☐ Locations showing dimensions of high-piled storage areas
  - Include storage pile cubic volume calculations as applicable
- ☐ Sprinkler design criteria – System Capabilities and Limitations
- ☐ Elevation plans for storage showing storage height and clearance to deck & fire sprinklers
- ☐ Show aisle dimensions
- ☐ Show pile volumes (if not in racks)
- ☐ Description and classification of commodities in accordance with the Phoenix Fire Code
  - If high hazard, please indicate in design documents
- ☐ Location of commodities that are banded or encapsulated
  - If storage is neither, please indicate in design documents



- ☐ Locations, dimensions, and hardware information of required fire department access doors
- ☐ Location of valves controlling the water supply of ceiling and in-rack sprinklers
- ☐ Type, location, and specifications of smoke removal and curtain board systems
- ☐ Dimension and location of transverse and longitudinal flue spaces
- ☐ State if the high piled storage areas are accessible to the public or not

**Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Smoke Control System Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Smoke management systems. Construction permits are required for installation of or alteration to smoke control, smoke removal, smoke and heat vents or smoke exhaust systems. Maintenance performed in accordance with this code is not considered to be an alteration and does not require a permit.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Plan Review Submittal Application</li> <li><input type="checkbox"/> 2-Sets of Plans</li> <li><input type="checkbox"/> Site address &amp; AZ PE Stamp on all design documents</li> <li><input type="checkbox"/> Scope of work</li> <li><input type="checkbox"/> Licensed Installing Contractor for Life Safety Systems</li> <li><input type="checkbox"/> Site map</li> <li><input type="checkbox"/> Approved mechanical &amp; electrical drawings related to the smoke control system; including technical data sheets for fans, dampers, printer</li> <li><input type="checkbox"/> Show compliance with Phoenix Fire Code and</li> </ul> | <p>NFPA 92</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Approved architectural drawings related to the smoke control system</li> <li><input type="checkbox"/> Approved fire alarm drawings related to the smoke control system</li> <li><input type="checkbox"/> Sequence of operation of smoke control system</li> <li><input type="checkbox"/> AZ PE Stamp on Smoke control rational analysis</li> <li><input type="checkbox"/> Fire-fighter's smoke control panel - 1:1 scaled to be legible for plan review</li> <li><input type="checkbox"/> Written schedule for routine maintenance and operational testing</li> </ul> |
|--|--|

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Post Fire Smoke Removal Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Smoke removal. Construction permits are required for installation of or alteration to post fire smoke removal systems used to facilitate smoke removal in buildings built prior to engineered smoke management requirements.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- |  |  |
|--|--|
| <input type="checkbox"/> Plan Review Submittal Application   | <input type="checkbox"/> Approved fire alarm drawings related to the post fire smoke removal system  |
| <input type="checkbox"/> 2-Sets of Plans   | <input type="checkbox"/> Sequence of operation of post fire smoke removal system   |
| <input type="checkbox"/> Site address & AZ PE Stamp on all design documents  | <input type="checkbox"/> Post fire smoke removal panel – 1:1 scaled to be legible for plan review  |
| <input type="checkbox"/> Scope of work   | <input type="checkbox"/> Written schedule for routine maintenance and operational testing  |
| <input type="checkbox"/> Licensed Installing Contractor for Life Safety Systems  | <input type="checkbox"/> For buildings with operable windows – Provide design documentation showing elevation and floor plans including window coverage and window manufacturer details and technical specifications |
| <input type="checkbox"/> Site map  |  |
| <input type="checkbox"/> Approved mechanical drawings related to the post fire smoke removal system; including technical data sheets for fans, and dampers |  |
| <input type="checkbox"/> Show compliance with Phoenix Fire Code  |  |
| <input type="checkbox"/> Approved architectural drawings related to the post fire smoke removal system   |  |

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.  
☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Fire, Smoke and Heat Vent Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## **Permit Requirements**

Smoke removal. Construction permits are required for installation of or alteration to post fire smoke removal systems used to facilitate smoke removal in buildings built prior to engineered smoke management requirements.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## **Required Information**

- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans
- ☐ Site address & AZ PE Stamp on all design documents
- ☐ Scope of work
- ☐ Licensed Installing Contractor for Life Safety Systems
- ☐ Site map
- ☐ Approved smoke and heat vent plans including calculations, dimensions and locations; including technical data sheets for vents
- ☐ Show compliance with Phoenix Fire Code
- ☐ Written schedule for routine maintenance and operational testing

## **Per the requirements of state law, this permit application is:**

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Gas Detection Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Gas detection systems. A construction permit is required for the installation of or modification to gas detection systems. Maintenance performed in accordance with this code is not considered a modification and shall not require a permit.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans – include PDD approved mechanical plans
- ☐ 2-Sets of technical specifications for detections and monitoring equipment
- ☐ Fire alarm system plans, needed to show how tie-in's are made to confirm monitoring
- ☐ System power supply and emergency or standby information
- ☐ Sequence of operation
- ☐ AZ PE Stamp on all design documents to include but not limited to:
  - Scope of Work – include gas type being monitored
  - Site Map
  - Floor Plan (Room and Room Names)
  - Location of all gas detection equipment
  - Conduit and Conductor Sizes
  - Locations of monitoring points
  - Riser Diagram
  - Schematic Drawing of Electrical System and Backup Power (Secondary Power Calculation)
  - Gas detection type and setpoints
  - System Monitoring
  - Annunciator Location
  - Gas type SDS sheet(s)

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Combustible Dust or Fiber Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Combustible dust or fiber collection system. A construction permit is required to install, modify or alter a dust or fiber collection system for combustible dust-or fiber-producing operations.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans – include PDD approved mechanical plans, technical specifications for all dust collection equipment including explosion mitigation, mechanical equipment, combustion, fire, explosion prevention systems associated with the conveyance of combustible dust.
- ☐ Where applicable, fire alarm/emergency alarm system plans
- ☐ System power supply and emergency or standby information
- ☐ Dust Hazard Analysis (DHA) – In accordance with NFPA 652
- ☐ AZ PE Stamp on all design documents to include but not limited to:
  - Scope of Work – specific dust being regulated
  - Site Map
  - Floor Plan (Room and Room Names)
  - Location of all dust control equipment
  - Mechanical duct and collection equipment sizes
  - Locations of explosion prevention or suppression equipment
  - Dust collection equipment flow diagram
  - Schematic Drawing of Electrical System
  - Determination of Combustibility
  - Determination of Explosibility
  - Determination of Flash-Fire Potential
  - Operating Procedures and Practices
  - Housekeeping, Hot Work, ITM, Training, and Emergency Response plans

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# Spraying or Dipping Prelog

State law (A.R.S. § 9-835(D)) requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for review and processing. The following required information shall be provided with the applications.

Name of Project:	
Project Address:	(Include Suite, Space, Floor)

## Permit Requirements

Spraying or Dipping Operations. A construction permit is required to install or modify a spray room, dip tank or booth. Maintenance performed in accordance with this code is not considered to be a modification and does not require a permit.

Complete Plan Review Submittal: Check each of the required elements as ☒ provided.

## Required Information

- ☐ Plan Review Submittal Application
- ☐ 2-Sets of Plans – include technical specifications for all spray and dipping equipment associated with flammable or combustible finishes applied by spraying, dipping, powder coating or flow-coating processes.
- ☐ Where applicable, fire alarm/emergency alarm system plans
- ☐ Where applicable, approved electrical plans showing classified electrical locations
- ☐ AZ PE Stamp on all design documents to include but not limited to:
  - Scope of Work – specific operation being regulated
  - Site Map
  - Floor Plan (Room and Room Names)
  - Location of all spraying/dipping equipment
  - Mechanical duct and ventilation equipment sizes
  - Where applicable, locations of explosion prevention
  - or suppression equipment
  - Schematic Drawing of Electrical System
  - Operating Procedures and Practices
  - Housekeeping, Hot Work, ITM, Training, and Emergency Response plans

## Per the requirements of state law, this permit application is:

- ☐ Accepted as Administratively Complete.
- ☐ Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_