



## Hospital Permit Application F418

**Permit Fee: \$150 base fee plus, \$10 per licensed bed**

A permit shall be required annually and upon change of business ownership.

- Payment and this application are required at time of submittal.

|  |                                       |          |              |
|--|---------------------------------------|----------|--------------|
|  | <b>Base Price:</b>                    | =        | <b>\$150</b> |
|  | <b>Number of State Licensed Beds:</b> | X \$10 = | _____        |
|  | <b>Total Cost of Permit:</b>          | =        | _____        |

| Business Information           |                                       |
|--------------------------------|---------------------------------------|
| <b>Name of Facility:</b>       | <b>Number of State Licensed Beds:</b> |
| <b>Facility Address:</b>       |                                       |
| <b>Owner of Facility:</b>      | <b>Owner Phone:</b>                   |
| <b>On-site Contact Name:</b>   |                                       |
| <b>On-site Phone:</b>          | <b>On-site Email:</b>                 |
| <b>Contact for Inspection:</b> | <b>Phone:</b>                         |
| <b>Contact Email:</b>          |                                       |

Applications may be submitted by fax, email, mail, or in person.  
Fax: 602-495-7429, email: [pfd.applications@phoenix.gov](mailto:pfd.applications@phoenix.gov)

Monday – Friday, 8:00 am to 4:30 pm  
For permit questions or to speak to a Fire Inspector call: 602-262-6771.

[www.phoenix.gov/fire/prevention](http://www.phoenix.gov/fire/prevention)