



City of Phoenix
FIRE DEPARTMENT
FIRE PREVENTION SECTION

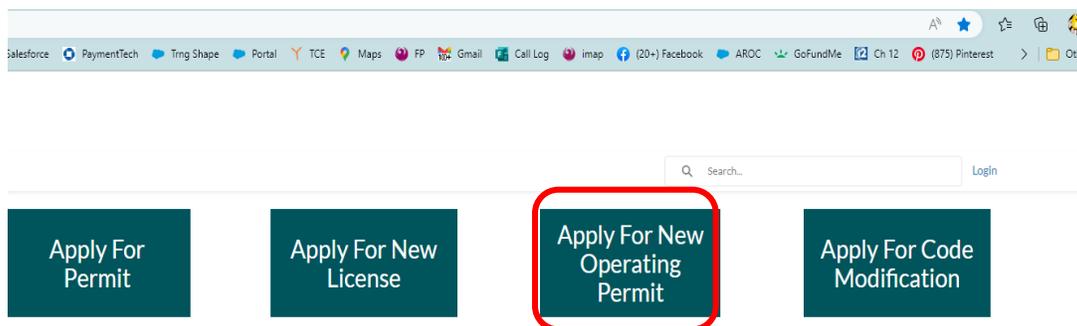
Apply for New Operating Permit

Please note the following:

- Do **not** use any punctuation i.e., dots, dashes, parentheses

Go to <https://shapephx.phoenix.gov/s/>

Click on Apply for New Operating Permit.



If you already have an account please Sign in. If you do not have an account click

[Sign up now](#)



Sign in with your email address

[Forgot your password?](#)

Don't have an account? [Sign up now](#)

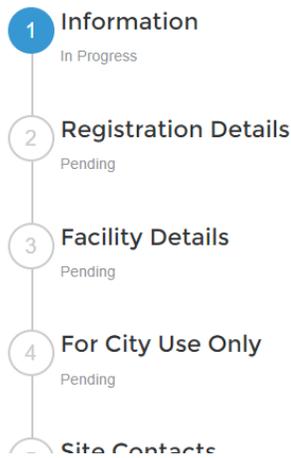


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Apply for New Operating Permit

Step 1 - Information

- Enter the Applicant Name (*Person creating the permit ex. Cosima Smith*)
- Enter the Registrant (*The name of the Business ex. Ori Health*)
- Enter the physical address (ex: *150 S 12th St*) (use no punctuation and no zip code)



Information

Cancel Next

The following online application process is for the Phoenix Fire Dept. Operating Permit. Currently there are only eleven available. This process will let you do a majority of the application process online. For the ones not included on this web page you will need to continue following the current procedures. (Note : Do not use the back button at this time to modify application. If changes need to be made, a new application must be started.)

Applicant

Person applying for License on behalf of Licensee

Registrant

Primary Business or Person account which owns the Registration to allow portal members to see record.

Address

Provide the address that this license is associated with.



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Step 2 – Registration Details

- Choose your Subtype (*click on the drop down arrow*)(*Sober Living Facilities, use the **GRP Home / Behavioral Health** option for facility type*)
- There must be a number in the Capacity line. The **capacity** is going to be the number of **beds** you are licensed for, if no beds or
 - For Daycare/childcare it'll be the number of child/adults you are licensed for
 - Outpatient Medical and Educational facilities will be 0

Please **do not** click expedited, we are currently not offering this option at this time. If this is something you are requesting, please discuss once you have your assigned inspector.

Registration Details

Back Next

Do not use the back button at this time to modify application. If changes need to be made, a new application must be started.

Registration Type *	Annual Operating Permit
Subtype *	--None--
Capacity	✓ --None--
Expedited Review Request	

- Hospital
- Medical Facility
- Nursing Home
- Correctional Facility
- FP Day Care / Child Care
- GRP Home / Behavioral Health
- Assisted Living
- Juvenile Group Home
- Developmentally Disabled Group Home
- Educational Facilities Grades K-12



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Step 3 - Facility Details

- Enter the Name of Facility (ex. Ori Health)
- Enter the Facility Address (ex. 150 S 12th St)
- Only enter building number or letter if known
- Only enter the Unit or Suite number if known
- Enter the Business Name for Owner of Facility. (ex. Ori Health)

Your Application Progress
Operating Permit: Fire Registration Application
Save Progress & Exit

1 Information
Applicant cosima smith (training)
Registrant Ori Health
Address 150 S 12TH ST

2 Registration Details
Registration Type Annual Operating Permit
Subtype Medical Facility
Capacity 0

3 Facility Details
In Progress

4 For City Use Only
Pending

5 Site Contacts
Pending

6 Additional Information
Pending

Facility Details Back Next

Do not use the back button at this time to modify application. If changes need to be made, a new application must be started.

Name of Facility	<input type="text" value="Ori Health"/>
Facility Address *	<input style="border: 1px solid #ccc;" type="text" value="150 S 12TH ST"/>
Building Number	<input style="background-color: #e0e0e0;" type="text" value="A"/>
Unit/Suite	<input style="background-color: #e0e0e0;" type="text" value="318"/>
Square Footage	<input type="text" value="0"/>
DHS License Number	<input type="text"/>
Owner of Facility *	<input style="border: 1px solid #ccc;" type="text" value="Ori Health"/>
Ownership Change	<input type="checkbox"/>
Owner Phone	<input type="text"/>

Please enter phone number without any formatting. Example - instead of adding as (123) 456-7890 enter as 1234567890

Step 4 – For City Use Only Click Next to Skip



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Step 5 - Site Contacts

- Enter the name who will be onsite. (ex. *Cosima Smith*)
- Enter the name of the person the inspector will contact to schedule the inspection. (ex. *Cosima Smith*)
- Enter phone number that the inspector will need (ex. *6022626771*)
- If the person on site for the inspection is **different** enter their name in the additional information section in **Step 6**.

Operating Permit: Fire License Application

Save Progress & Exit

Site Contacts

Back Next

Do not use the back button at this time to modify application. If changes need to be made, a new application must be started.

On Site Contact *

Contact For Inspection *

On Site Phone

Please enter phone number without any formatting. Example - instead of adding as (123) 456-7890 enter as 1234567890

Email *

On Site Fax

Step 6 - Additional Information

Enter anything the inspector needs to know (ex. *Additional contact person, beware of dog, enter through the side door, etc*)



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Operating Permit: Fire Registration Application

Save Progress & Exit

Additional Information

Back

Next

Do not use the back button at this time to modify application. If changes need to be made, a new application must be started.

Description

Confirmation

Scroll through the information and make sure it is correct, then click the green Submit Registration Application button.

Site Contacts [Edit](#)

On Site Contact	cosima smith (training)
Contact For Inspection	cosima smith (training)
On Site Phone	(602) 262-6771
Email	csmith@orihealth.org
On Site Fax	

Additional Information [Edit](#)

Description

Submit License Application

The system will issue you an AOP-XXXXX number.

Keep this number, the **AOP** number is your permit number. You will log back into the Portal to renew this AOP number next year!

You **MUST** click the **“Back to Home”** button to pay for the permit fee.



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Operating Permit: Fire License Application

Confirmation

Your License Application has been submitted and is now being processed. Your reference number is AOP-08577.

[Back To Home](#)

Balance

Please click the **Pay Now** option to make the payment in order to receive the inspection. If you do not make the payment, the application **will not** move forward and you **will not** receive your inspection or permit.

FULL BALANCE SEARCH/PAY F...

Balance	Pay Now
 AOP-08577	\$150.00
	<hr/>
	\$150.00



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Apply for New Operating Permit

The payment balance for each individual item and the total for all your items is listed here. If you do not want to pay for an item at this time click Remove beside the item. This amount will then still be included in your total balance due.

My Cart		Remove
<input checked="" type="checkbox"/> Name		Amount
<input checked="" type="checkbox"/> Facility Permit Application Fee - Medical Facility		\$150.00
Subtotal (1 item):		\$150.00

My Summary

Operating Permit: Fire Registration: AOP-08577	\$150.00
<hr/>	
Total (1 item):	\$150.00

[Proceed to Checkout](#)

REQUESTS SEARCH/PAY RECEIPTS INVOICES PERMITS COMPLAINTS MORE ▾

Q Search... Balance: \$0.00 LaNett

Review the Payment Total Amount here. Choose your payment method, enter the details and click Pay Now.

Shape PHX is designed to process the payments promptly, however there could be a processing delay in rare cases. If you think you have already made the payment for this Cart, system will apply the payment shortly. Please check the status again before making duplicate payment for the same Cart or email "payments.submittals@phoenix.gov" with questions.

\$150.00

[Chase CreditCard Pay](#) [Chase ACH Pay](#) [Cancel](#)

Click on the Chase Credit Card Pay the next screen will allow you to pay with any Visa, Mastercard, American Express or Discover card, or select ACH pay. You do not have to use a Chase card, any will work

Enter your card number, complete the required fields for contact info and click submit. A receipt will be generated, note the number beginning with R-XXXXXXX. This receipt will be emailed to the contact email entered into your application.

Once processed, **the Supervisor will assign it a Fire Inspector who will contact you directly to schedule an appointment due to high volume this may take approximately 3-5 weeks.**