City of Phoenix
FIRE PREVENTION

Fire Prevention
Plan Review Submittal Application

Check One

☐ 1st Review	☐ 2nd Review	☐ Other
Kiva #:	Reviewer:	
Project Name:		

For Office Use Only
Date: _____ Initials: _____
Permit: _____

DEVELOPMENT INFORMATION

ADDRESS:	BLDG #:	SUITE/SPACE #:	FLOOR #:	ZIP CODE:

DESCRIPTION OF WORK:

SQ. FT. : **# OF STORIES:**

APPLICANT: (Contact Person) ☐ Owner/Devel. ☐ Arch. ☐ Engr. ☐ Contractor

FIRM NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	FAX:	Other:
EMAIL (this is how you will be notified your plans are completed):		

OWNER INFORMATION: (Business/Owner Name)

CONTACT PERSON:	TELEPHONE:	FAX:
ADDRESS:	CITY:	STATE: ZIP:

CONTRACTOR INFORMATION: (Business & Owner's Name) FIRE BUSINESS CERTIFICATE NUMBER:

CONTACT PERSON:	TELEPHONE:	FAX:	
ADDRESS:	CITY:	STATE:	ZIP:
BUSINESS LICENSE #:	STATE TAX #:	STATE LICENSE #:	