

**Daisy Mountain Fire District**  
 515 E. Carefree Hwy, PMB #385  
 Phoenix, Arizona 85085  
 Phone: (623) 465-7400  
 Fax: (623) 465-7632



**Dave Nielsen**  
 Division Chief  
 Fire Prevention  
 Fire.Marshall@DMFD.org

**PLAN / PERMIT APPLICATION**

**Application:**

Application for a permit required by this code shall be made to the fire code official in such form and detail as prescribed by the fire code official. Applications for permits shall be accompanied by such plans as prescribed by the fire code official.

**Types of permits:**

There shall be two types of permits as follows:

1. Construction permits. A construction permit allows the applicant to install, build or modify systems and equipment.
2. Operational permit. An operational permit allows the applicant to conduct an operation or a business.

**Time limitation of application:**

Permit period for any proposed work shall be six months after the date of filing.

**Posting permits.**

Issued permits shall be kept on the premises designated therein at all times and shall be readily available for inspection by the fire code official.

**Date Submitted:**      \_\_\_ / \_\_\_ / \_\_\_

**TYPE OF PERMIT:**      (Indicate one)

**New Construction /  
 Tenant Improvements:**

Building Plans Review :   
 Fire Alarm System :   
 Fire Sprinkler:   
 Other:  \_\_\_\_\_

**Operational  
 Permit:**

Assembly Occupancy :   
 Carnival/Fair Exhibit/Trade Show :   
 Care Home/Assisted Living :   
 Pyrotechnic Show/Fireworks Sale-Display :   
 Temporary – Membrane/Tents/Canopy:   
 Special Hazards/Operations :   
 Other :  \_\_\_\_\_

**PROJECT INFORMATION:**

Street Address: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Site Name: \_\_\_\_\_

**OWNER INFORMATION:**

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

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**APPLICANT INFORMATION:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Notes or Description of the Construction or Operations:**

\_\_\_\_\_

Submit and Print Copy

Print Copy Only

**Attach electronic PDF copies of plan to this email address and submit**

**Deliver the plans to the DMFD Administration office at 43814 n New River Rd Phoenix, Az. 85087**

<b>DMFD STAFF USE ONLY:</b>	Application Review by: _____	Date Received: _____
	Reviewed by: _____	Date approved: _____ Permit / Review #: _____
	Copy submitted to Accounting Department: <input type="checkbox"/> NO – There are no fees at this time. <input type="checkbox"/> YES – Fee information is attached.	
<b>ACCOUNTING:</b>	Received by: _____	Invoice Date: _____ Invoice #: _____
<b>NOTIFICATION:</b>	Date Applicant Notified: _____	By: _____
<b>PERMIT ISSUED:</b>	Picked up by: _____	Phone #: _____ Date: _____
	PAYMENT: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check - # _____ Comments: _____	

## INSTRUCTIONS FOR “APPLICATION FOR PERMIT”

**APPLICANT:** Please fill out all information.

- DATE:** The date this application is submitted to DMFD.
- TYPE of PERMIT:** Please check the appropriate box as to the type of permit or review you are requesting.
- CONSTRUCTION PERMITS:** are for the installation, removal, remodel, upgrade or changes to fire protection equipment.
- OPERATIONAL PERMITS** are for events, or operations, NOT related to the installation or remodel, upgrade or changes to fire protection equipment.
- DESCRIPTION:** Please provide a short narrative for this project, (samples) “Installation of fire sprinklers in a new 4 building school campus”, or “replacement of a fire alarm system in an existing office building” or “installation of new underground fuel storage tank
- PROJECT INFORMATION:** Please provide all information regarding the location and name of this project. Please provide as accurate an address as you can.
- OWNER INFORMATION:** Please provide all information as to who is the OWNER of this site.
- APPLICATION INFORMATION:** Please provide all information indicating who is APPLYING for this plan review and/or subsequent permit. This applicant will be the **RESPONSIBLE PARTY FOR THIS PERMIT**. DMFD will notify this individual when the review is complete and an invoice is generated. Please provide the contact information to facilitate the notification of plan review/permit approval or questions that may arise during the process.

Plan reviews and subsequent approvals will be completed as quickly as possible. The applicant will be notified at the time of approval, but not more than 60-days from the time the application is submitted. A.R.S.§ 41-2163.C. Applicant will be notified at that time of amount due. **Payment is due upon release of permit.**