SEDONA FIRE DISTRICT

2860 Southwest Drive, Sedona, AZ 86336
Community Risk Reduction Division – 928.204.8926
CRR@sedonafire.org

PERMIT APPLICATION FOR COMMERCIAL KITCHEN HOOD SUPPRESSION SYSTEM

Please complete the application and **email it as a PDF attachment** to crr@sedonafire.org.
Incomplete, handwritten, or photos of completed applications will not be accepted and will be returned.
Assistance completing the form is available at Sedona Fire District Administrative Office. Office hours are Mon-Thurs 7:30 am to 4:30 pm.

Type of Plan Submittal

1st Submittal   Re-Submittal

Installation Type: New Install   Retrofit   Alteration/Addition

Contractor (Installer) Information:

Contractors Cert#: _____ Manufacturers#: _____ CSA: _____
(Must be current for review)

System Contractor: _____

Mailing Address: _____

Primary Contact: _____ Cell Phone: _____ Email: _____

Reviewed plans to be returned to: Same as above

Name: _____ Email: _____ Cell Phone: _____

Project Details:

Project/Site Name: _____ Site Address: _____

Location in building where system is to be installed (i.e.: Building A - employee kitchen):

_____

_____

Name of Project Installer: _____ Cell Phone: _____

System Designed By: _____ Contact number of Designer: _____

Scope of Work:

Submittal Includes (required)

- 1 PDF set of plans
- Specifications with specific products highlighted as indicated.

Calculated Fee:

Please refer to the current fee schedule on the Sedona Fire District Website: Fee Schedule

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all Sedona Fire District adopted codes relating to the fire and life safety requirements. I hereby authorize representatives of Sedona Fire District to enter upon the above mentioned property for inspection purposes. I am either the owner of the property on the application, the Arizona State registered contractor for the work, or I represent the owner or contractor as signified below and am acting with the owner's/contractors full knowledge or consent. I also acknowledge that the primary form of communication by Sedona Fire District is electronic.

Name   Date