



PEORIA FIRE-MEDICAL DEPARTMENT

Fire permit application
8351 West Cinnabar Avenue
Peoria, Arizona 85345
Telephone (623) 773-7279
Fax (623) 773-7295
www.peoriaaz.gov/fire

FIRE CODE APPEAL FORM

TO APPELLANT:

- Please submit a complete **APPEAL PACKET** which includes the following:
 - The Fire Code Appeal Form completely filled out.
 - One (1) set of plans, which clearly indicates the areas being appealed and the conditions affecting the item(s) being appealed.
 - Plans should not be larger than 11" x 17" in size.
 - Any photos, illustrations and other information that might further clarify your appeal.
 - The details of your appeal described on the attached Fire Code Information Sheet(s).
 - Each issue of an appeal requires a separate information sheet.
 - Multiple issues may be submitted under one appeal.
 - **A FEE OF \$100.00** per hour (1 hour minimum) – Make checks payable to "City of Peoria".

MAIL or DELIVER the appeal packet to: Peoria Fire-Medical Department
8351 West Cinnabar Avenue, Attn: Fire Prevention Peoria, Arizona 85345
We must receive payment for your appeal before the appeal process can begin.

Your written appeal will be reviewed by an Administrative Board, consisting of the Fire Prevention Manager, Deputy Fire Chief and/or Fire Prevention Inspector Supervisor. This Board will meet, as soon as is practical, after receiving your appeal and will either grant or deny your appeal. You will be notified of the disposition of your appeal by mail.

If you disagree with the Administrative Board ruling, you will still have the right to have the Building/Fire Code Board of Appeal review your appeal.

PROJECT INFORMATION: This appeal involves (Check One):

- | | |
|--|----------------------------|
| <input type="checkbox"/> Erection of a new structure | Building Permit #: _____ |
| <input type="checkbox"/> Alteration of/addition to an existing structure | Plans Examiner Name: _____ |
| <input type="checkbox"/> Correction of a violation | Fire Inspector Name: _____ |
| <input type="checkbox"/> Other, please specify _____ | |

Business Name (if applicable): _____

Project Address: _____ Cross Streets: _____

Owner's Name: _____ Owner's Address: _____

In accordance with City Ordinances, I hereby make application to appeal the requirements of the Fire Code and/or Policies of the City of Peoria as outlined in the attached information.

Applicant Name: _____ Phone Number: _____

Firm Name: _____ Email Address: _____

Applicant Address: _____

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____ Appeal Date: _____

Date Received: _____ Appeal Number: _____

Approved: _____ Denied: _____ Previous Appeals: _____

FIRE CODE APPEAL INFORMATION SHEET

TO APPELLANT:

Each item you are appealing requires a separate appeal information sheet to be filled out. All requested information is to be filled out completely with as much detail as possible. Failure to do so may cause your appeal to be held over until adequate information is received. **PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY**

Any modifications of the Fire Code and/or Policies requires an appeal. A reasonable degree of **EQUIVALENT LIFE SAFETY AND FIRE PROTECTION** must be demonstrated before any appeal may be considered.

FIRE CODE SECTION AND/OR POLICY: _____

CODE/POLICY REQUIREMENTS:

PROPOSED DESIGN: Describe the alternate methods and/or materials of construction to be used or that exist. Be as specific and detailed as possible.

REASON FOR THE ALTERNATE: Describe the details of the alternate design and how it will provide equivalent life safety and/or fire protection.
