City of Peoria Fire-Medical Department

8401 West Monroe Street, Peoria, Arizona 85345
Phone: 623-773-7279 Fax: 623-773-7295

Permit #: _____

Balance Due: _____

For office use only

STREAMLINED FIRE PERMIT APPLICATION

Project Information

Submittal Date:_____ Notice of Violation ☐ Tenant Improvement ☐

Project Name:_____ Square Footage:_____

Project Address:_____ Suite Number:_____

Applicant Information

Name:_____ Phone Number:_____ E-Mail:_____

Address:_____ City:_____ State:_____ Zip:_____

Fire Protection Contractor Information

Name:_____ Phone Number:_____ E-Mail:_____

Address:_____ City:_____ State:_____ Zip:_____

Peoria Business License #:_____ AZROC # and Type:_____

Contact Person:_____ Phone Number:_____ E-Mail:_____

Type of Permit

☐	Fire Alarm Communicator Change/Modification	Existing Systems Only	$150.00
☐	Fire Alarm Control Panel Replacement	No Field Device Replacement Allowed	$150.00
☐	Fire Alarm System Modification	Maximum 5 Devices (add/delete/relocate)	$150.00
☐	Fire Sprinkler System Modification	Maximum 12 Heads (add/delete/relocate)	$225.00

Provide a complete narrative of the work to be performed in the text box below:

Permits types cannot be combined. All work performed is subject to final approval during field inspections. Changes made beyond the limits of this permit are subject to having this permit voided and then requiring plans and calculations to be submitted for review and a new permit. This permit is subject to the Peoria Fire-Medical Department Policies and Procedures for the Streamlined Permit Program.

Print Name:_____ Signature:_____ Date:_____