



Phoenix Fire Department Fire Prevention – Plan Review

Plan Review Application—

Date: _____	Initials: _____
Permit: _____	

Applicant to fill in area within BOLD LINES

Check One

- 1st Review
 2nd Review
 3rd Review
 Revision
 Other

Kiva #: _____ **SDEV/SPAD#:** _____ **Reviewer:** _____

Project Name: _____ **Project Number:** _____

DEVELOPMENT INFORMATION

ADDRESS:	BLDG #:	SUITE/SPACE #:	FLOOR #:	ZIP CODE:
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DESCRIPTION OF WORK:

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

APPLICANT: (Contact Person)	<input type="checkbox"/> Owner/Devel. <input type="checkbox"/> Arch. <input type="checkbox"/> Engr. <input type="checkbox"/> Contractor
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FIRM NAME: _____		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
TELEPHONE: _____	FAX: _____	Other: _____

OWNER INFORMATION: (Business/Owner Name)			
CONTACT PERSON: _____		TELEPHONE: _____	FAX: _____
ADDRESS: _____		CITY: _____	STATE: _____
		STATE: _____	ZIP: _____

CONTRACTOR INFORMATION: (Business/Owner Name)			
CONTACT PERSON: _____		TELEPHONE: _____	FAX: _____
ADDRESS: _____		CITY: _____	STATE: _____
		STATE: _____	ZIP: _____
BUSINESS LICENSE #: _____	STATE TAX #: _____	STATE LICENSE #: _____	

APPROVED _____ APPR AS NOTED _____ CORR _____ HOLD _____ DATE COMPL _____