

SEDONA FIRE DISTRICT

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



PERMIT APPLICATION FOR GAS DETECTION SYSTEM

Please complete the application and **email it as a PDF attachment** to crr@sedonafire.org.
This application is used for data entry and must be typed. **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.

DATE _____

JOB NAME _____ SQUARE FEET: _____

ADDRESS _____

CONTRACTOR _____ ROC _____

EMAIL _____ PHONE _____

G.C./SUPERINTENDENT _____ PHONE _____

EMAIL G.C./SUPERINTENDENT: _____

System Information:

Modification:

Scope of Work:

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 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/contractor's full knowledge or consent. I also acknowledge that the primary form of communication by Sedona Fire District is electronic.

Print Name

Position

Today's Date