



# KINGMAN FIRE DEPARTMENT

## Building & Life Safety Division

310 N 4<sup>th</sup> Street Kingman, AZ 86401

Phone: (928)753 8130 Fax: (928)753 7747 Web: <http://www.cityofkingman.gov>



Permit No. \_\_\_\_\_

Type: (Check One) ☐ Building ☐ Grading ☐ Demo ☐ Courtesy ☐ Alteration

Parcel # \_\_\_\_\_

Jobsite Address: \_\_\_\_\_ Kingman, AZ

Scope of Work: \_\_\_\_\_

Type ☐ New Single Family Residence ☐ HUD Manufactured Home ☐ New Multi-Family (# of Units \_\_\_\_\_)  
of Work: ☐ New Commercial ☐ Detached Garage ☐ Addition ☐ Res ☐ Com ☐ Ind ☐ Public  
☐ New Public ☐ Pool \* ☐ Remodel\* ☐ Res ☐ Com ☐ Ind ☐ Public  
☐ Other\* (Specify) \_\_\_\_\_ \* Estimated Construction Cost: \$ \_\_\_\_\_

Property Owners Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: (number, street, city, state, zip) \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: (number, street, city, state, zip) \_\_\_\_\_

AZ Architect / Engineer of Record: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: (number, street, city, state, zip) \_\_\_\_\_

Contractor/Builder: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: (number, street, city, state, zip) \_\_\_\_\_

Lot Area (sqft) \_\_\_\_\_ Lot Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Front Side (Corner Lot) \_\_\_\_\_

Roof Pitch: \_\_\_\_\_:12 Material: ☐ Comp ☐ Tile ☐ Other \_\_\_\_\_ Overall height of structure: \_\_\_\_\_ ft

Siding Materials: ☐ Stucco ☐ Lap siding ☐ Metal ☐ Block ☐ Stone ☐ Brick ☐ Other \_\_\_\_\_

Septic Tank: ☐ Yes or ☐ No (If "Yes" a copy of Mohave County Environmental Health Department Approval is required!)

Water: Total # of drainage fixture units \_\_\_\_\_

Distance to nearest fire hydrant: \_\_\_\_\_ (ft) Grading Quantities (cu yds): Cut \_\_\_\_\_ Fill \_\_\_\_\_

SFR Floor Area: Main/Living Area \_\_\_\_\_ Garage \_\_\_\_\_ Patio/Porches \_\_\_\_\_ Other \_\_\_\_\_

The highlighted BOX above must be completed for the application to be accepted!

Applicant (Print Name) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_