



**North County Fire & Medical District**  
18818 North Spanish Garden, Sun City West, Arizona 85375  
Business: (623) 584-3500 Facsimile: (623) 546-8613  
Web Site: [www.scwfire.org](http://www.scwfire.org)

**PLAN REVIEW APPLICATION**

**INSTRUCTIONS:**

1. Submit 2 sets of Plans
2. Submit all applicable specifications for Fire Protection Systems
3. Fees may Apply
4. All Plans must meet current NFPA Standards and the 2012 International Fire Code with local amendments

**PROJECT INFORMATION** (To be completed by Applicant)

Plans Submitted For: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License# \_\_\_\_\_

Construction Address: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

Owner or Tenant: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Area: \_\_\_\_\_

Estimated Value: \_\_\_\_\_

New: \_\_\_ Existing: \_\_\_ Remodel: \_\_\_

Application Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

<b><i>Official Use Only</i></b>	
<b>Application Received by:</b> _____	<b>Date:</b> _____
<b>Application Approved by:</b> _____	<b>Date:</b> _____
<b>Permit #</b> -----	