



RECURRING LOCAL EVENT PERMIT

DATE _____ PERMIT NO _____

JOB NAME _____ SQUARE FEET _____

ADDRESS _____

CONTRACTOR _____ ROC _____

EMAIL _____ PHONE _____

_____ Recurring Local Event Permit.....	\$116
_____ Recurring Local Event Plan Review Resubmittal.....	\$39
_____ Recurring Local Event Re-Inspection.....	\$105
_____ Recurring Local Event Unpermitted Event Fee.....	\$348

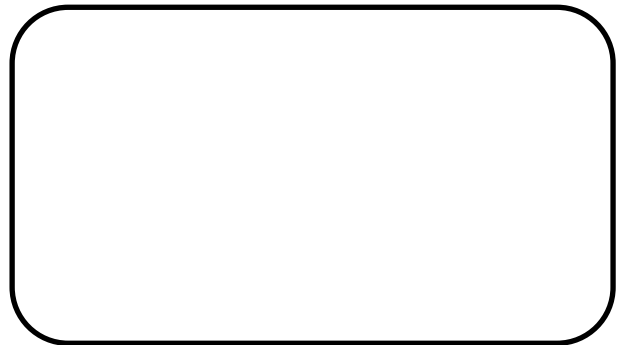
PLANS DELIVERED BY _____
(please print name)

AMOUNT PAID _____ CHECK _____ CC _____

ISSUED BY _____

PLANS PICKED UP BY _____
(please print name)

DATE _____



Operational permits shall remain in effect until reissued, renewed or revoked, or for such a period of time as specified in the permit.

Central Arizona Fire and Medical Authority – Fire Prevention Division
8603 E. Eastridge Drive, Prescott Valley, AZ 86314
928-772-7711

Rev 3/1/2019