



NORTHERN ARIZONA FIRE DISTRICT
2600 E. Northern Ave, Kingman AZ 86409
928-757-3151

Plan Review Application

Project Site Address: _____ Project Name: _____

Contractor/Business Name: _____

Contact Name: _____ Contact Address: _____

Contact Phone: _____ Fax: _____ Email: _____

Type of Review:

☐ Building _____ New Construction _____ Tenant Improvement

Square Feet: _____ Occupancy Type: _____ Construction Type: _____

☐ Fire Sprinkler System _____ New _____ Modification _____ # of Sprinkler Heads

Contractor Name: _____ Phone: _____ Email: _____

☐ Fire Alarms System _____ New _____ Modification _____ # of Devices

Contractor Name: _____ Phone: _____ Email: _____

☐ Hood Suppression System _____ New _____ Modification _____ # of Hoods

Contractor Name: _____ Phone: _____ Email: _____

☐ Fire Hydrant/Water Main _____ # of Hydrants

☐ Other: _____

Email Completed Application & Plans (.pdf) to: firemarshal@goldenvalleyfire.org
Staff will email confirmation of receipt and payment information.

Office Use Only

Date

Description of Contact

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Fee \$ _____ Date Billed _____ Date Paid _____ Initials _____