



*Camp Verde Fire Department*

26 W. Salt Mine Rd.  
P.O. BOX 386 • CAMP VERDE, AZ 86322-0386  
BUSINESS 567-9401 • EMERGENCY 567-4123 OR 911

**Hood & Extinuishina Svstem Permit Application**

**PLEASE PRINT**

**Section A, Site Information:** *Attention: Sections A, B & D (and C when applicable) must be completely filled out for all projects.*

Name of Building/Site: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Applicant Information: \_\_\_\_\_  
\_\_\_\_\_

Building Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner Phone Number: (    ) \_\_\_\_\_

**Section B, Project Information:** *Complete for all Hood installations.*

Size of Hood: Length	Width	Size of Duct:
Total Square Feet of Hood opening:		Sq. Feet of Duct:
Filter Size:	Sq Inches Per Filter:	Fan CFM:
Total Number of Filters:		Calculated Duct Velocity:
Is hood mounted on a combustible surface: <input type="checkbox"/> YES <input type="checkbox"/> NO		Hood Construction: <input type="checkbox"/> No.18ga. Carbon Steel (Check one) <input type="checkbox"/> No. 20ga. Stainless Steel
If <u>Yes</u> , indicate clearance provided: _____ inches Indicate on plan if necessary.		Duct Construction: <input type="checkbox"/> No.16ga. Carbon Steel (Check one) <input type="checkbox"/> No.18ga. Stainless Steel

**Section C, Automatic Fire Suppression Systems:** *Complete for all Suppression System installations.*

Name of Installer: \_\_\_\_\_

Agent Type:     Wet Chemical     Other: \_\_\_\_\_

System Make: \_\_\_\_\_ System Model: \_\_\_\_\_

Kitchen Hood, where installed is provided with a portable fire extinguisher rated 40B:  Yes     No     N/A

*This application must be accompanied by the following:*

- Drawing of coverage area to include all appliances/equipment, piping and device locations.
- Manufacturer's specifications and information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_