



City of Phoenix


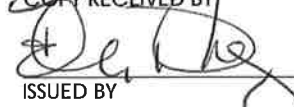
Fire Department

FIRE PERMIT

To find out about Phoenix construction code adoption news and to research your permits or projects, please visit <http://www.phoenix.gov/PDD>

150 South 12th Street
Phoenix, Arizona 85034
General Information (602)262-6771

POST THIS PERMIT ON JOB SITE

| | | | | | |
|---|--|-------------------|------------------------------|----------------------------|--|
| Permit # | F171 1600792 | Issue Date | 07-MAR-2016 | Expires | 07-MAR-2019 |
| Permit Description | MOUNTAIN ALARM CORP DBA COPPERSTATE FIRE | | | | |
| Project | 04-2326 CARLSON LOOP 101 | | | | |
| Address | 1830 N 95TH AVE PHOENIX AZ 85037-4407 | | | Zoning | |
| L 5 B * WEST 101 COMMERCE CENTER | | Q S | Q13-5 | APN | 102-34-987 |
| | | | | Dist | 05 |
| Description/Scope of Work: FP FIRE PROTECTION EQUIP COMPANIES | | | | | |
| Permit to conduct the business of installing the following fire protection systems in the City of Phoenix: *** FIRE ALARMS, PORTABLE FIRE EXTINGUISHERS AND KITCHEN HOOD SYSTEMS *** | | | | | |
| BUSINESS CERTIFICATE HOLDER: Dan Cairo NICET IV (EXP 7/1/2016) MOUNTAIN ALARM CORP (FN) dba COPPERSTATE FIRE PROTECTION 1830 N 95TH AVE, #106 PHOENIX, AZ 85037 801-395-8799 | | | | | |
| I hereby certify that I am currently employed by the company that seeks this Business Certificate. My signature indicates that I am the Responsible Party for such company, and as such, I accept full responsibility for all jobs performed by company employees pursuant to this Business Certificate. I understand that as the company's Responsible Party, any citations for violations of the Fire Code will be issued to me. I am aware employees must have a valid competent person card certification on site during any fire inspection to review work performed under the auspices of this Business Certificate. I agree to notify the City of Phoenix Fire Department in writing in the event I leave employment of this company. I understand that if I fail to provide the Fire Department such written notification, I will continue to be listed as the Responsible Party, subject to citation under the Fire Code for all work performed by company employees. This permit shall also serve as a contract between the above named company and the City of Phoenix. The City of Phoenix, a municipal corporation its agents, employees and volunteers shall be named as an additional insured and Certificate Holder on the company's general liability policy. Certificate of Insurance and Arizona Registrar of Contractors license must remain current for this permit to remain valid. | | | | | |
| THIS PERMIT IS NOT TRANSFERABLE | | | | | |
|  COPY RECEIVED BY | | 3/15/16 DATE | | | |
|  ISSUED BY | | 3/7/14 DATE | | | |
| CUSTOMER COPY | | | | | |
| Valuation: \$0 | | | | | |
| Owner Information | | | | | Certificate of Occupancy Type: COFC |
| Name Address | | | | | |
| Contractor Information | | | Type | Contact Phone 623-936-4081 | |
| Name COPPERSTATE FIRE PROTECTION | | | Ins | Exp | |
| Address 1830 N 95TH AVE, SUITE 106 | | | City/St/Zip PHOENIX AZ 85037 | Phone 623-936-4081 | |
| | | | | | |
| Permit Issued By EDE Entered By EDE | | | | | |
| Instructions and Comments | | | | | |
| | | | | | |
| Inspections Required: FIRE-GEN | | | | | |