Date: _____

F.D. Staff: _____

Goodyear Fire Department
ANNUAL PERMIT APPLICATION

Occupancy Name: _____Owner/Occ. Name: _____

Address:_____Phone:_____

Instructions: Submit all copies of this Application with a check or money order made payable to the "City of Goodyear" for the total amount due for all required permits. Mail or submit application in person to the **Goodyear Finance Department, 190 N. Litchfield Road**, **Goodyear, AZ 85338**. Fees are payable upon Application submittal. Your annual permit(s) will be issued to you by Fire Department staff. Permits are valid for twelve (12) months.

The permits indicated below are required by your business or place of occupancy, to maintain, store, or handle materials, conduct a process, or to conduct an operation.

I. ANNUAL PERMITS

AIRCRAFT REPAIR HANGAR, 5000 SQUARE FEET OR MORE: _____hangar(s) x $275 each…… ☐ $_____

FLAMMABLE AND COMBUSTIBLE LIQUIDS

Store, handle or use, Class I in excess of 5 gallons inside/10 gallons outside; Class II or IIIA in excess of 25 gallons inside/60 gallons outside)…….. ☐ $ 80

Store, handle, use more than 60 gallons in approved containers/portable tanks…… ☐ $150

Store in a stationary tank or store in a tank on a temporary site ____ tanks x $150 each tank ☐ $_____

Manufacture, process, blend or refine……. ☐ $350

HAZARDOUS MATERIALS

Store, handle, manufacture or use: $100 per quantity range in accordance with Hazardous Materials Permit Calculation Table…….. ☐ Table_____

Hazardous Material Assessment Fee shall be required for the annual inventory assessment, administrative process and code research - $50 first ½ hour and each additional hour $75……. ☐ Assessment Fee: _____

HAZARDOUS MATERIALS PERMIT CALCULATION TABLE			
Quantity Ranges (in excess of code permit amounts)			
Liquids in Gallons	**Solids in Pounds**	**Gases by Cubic Feet**	**Range**
0-499	0-999	0-1998	1
500-945	1000-1999	1999-3599	2
946-1835	2000-2999	3600-6799	3
1836-4499	3000-3999	6800-16399	4
4500+	4000+	16400+	5

II. OTHER SERVICES

OCCUPANCY INSPECTIONS (INITIAL AND RECHECK)……$98

INSTITUTIONAL FACILITIES FEES

Hospital/Nursing Home - $9.75 per licensed bed X _____ beds…….. $ _____

Other State licensed facilities…….. $100

Non- licensed facilities (Home Day Care, Food Programs, etc..) $50

TOTAL $_____

Payment shall not be refunded upon failure of an applicant to receive the required permit(s). Failure to apply for necessary permits or services may result in legal follow-up to achieve compliance with adopted codes. Permits issued are valid to listed owner and address only and are not transferable.

INVOICE

Fire Dept. Use: Total Required Permits: $ _____ Total Other Services $ _____ Total Amount Due: $ _____

Finance Dept. Use: Receipt # _____Finance Dept. Staff: _____Date: _____

White: Occupant Yellow: Fire Prevention Pink: Finance

1/09