

FRONT RANGE FIRE RESCUE

MARIJUANA/HEMP ESTABLISHMENT OR BUSINESS PERMIT APPLICATION

Business Name: _____

Site Address: _____

Billing Address: _____

Business Phone: _____ Fax: _____

Owner Name: _____

Owner Physical Address: _____

Owner Phone: _____ Email: _____

TYPE OF ESTABLISHMENT OR BUSINESS (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Retail Marijuana/Hemp Store | <input type="checkbox"/> Medical Marijuana/Hemp Center |
| <input type="checkbox"/> Retail Marijuana/Hemp Cultivation | <input type="checkbox"/> Medical Marijuana Optional Premise Cultivation |
| <input type="checkbox"/> Retail Product Manufacture | <input type="checkbox"/> Medical Marijuana Infused Product Manufacture |
| <input type="checkbox"/> Retail Testing Facility | <input type="checkbox"/> Medical Testing Facility |

OTHER PROCESSES PERFORMED ON SITE (check all that apply – additional applications required)

- | | |
|--|---|
| <input type="checkbox"/> Plant Extraction | <input type="checkbox"/> CO ₂ Enrichment System(s) |
| <input type="checkbox"/> Compressed Gas Storage/Use | <input type="checkbox"/> Fumigation/Thermal Insecticide Fogging |
| <input type="checkbox"/> Flammable/Combustible Liquids | <input type="checkbox"/> LPG Storage/Use |
| <input type="checkbox"/> Transfilling | <input type="checkbox"/> Hazardous Materials Inventory Review |

APPLICANT ATTESTATION

I, the undersigned, have read and understand the policies of Front Range Fire Rescue regarding marijuana and/or hemp establishments or businesses. By my signature below, I acknowledge understanding that a site inspection will be conducted by Front Range Fire Rescue personnel and that permits may be revoked without refund if any Fire Code or Building Code violations are discovered or if I do not comply with inspection processes.

Signature: _____

Date: _____

FRONT RANGE FIRE RESCUE

EXTRACTION PROCESS PERMIT APPLICATION

THIS FORM SHALL BE COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE PROPERTY (SITE) APPLYING FOR THE PERMIT(S). IT SHALL BE RETURNED TO FRONT RANGE FIRE RESCUE WITH COMPLETE PLAN REVIEW APPLICATION FEE PAYMENT.

MAKES CHECKS PAYABLE TO FRONT RANGE FIRE RESCUE

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERMIT SITE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MANAGER/DIRECTOR NAME: _____

MANAGER/DIRECTOR PHONE: _____ EMAIL: _____

TYPE OF EXTRACTION PROPOSED EXTRACTION PROCESS (circle all applicable)

LPG

FLAMMABLE LIQUID

CO₂

OTHER

HAZARDOUS MATERIAL(S) USED IN EXTRACTION: _____

TOTAL AMOUNT OF HAZARDOUS MATERIALS STORED ON SITE: _____

Attach detailed hazardous materials inventory statement

NUMBER OF EXTRACTION UNITS IN OPERATION: _____

MANUFACTURER AND MODEL # OF EXTRACTION EQUIPMENT: _____

Attach applicable engineering approval(s) from Denver Fire Department, as needed.

I, THE UNDERSIGNED, UNDERSTAND THAT FRONT RANGE FIRE RESCUE PERSONNEL WILL CONDUCT A SITE INSPECTION AND IF THE INSTALLATION DOES NOT COMPLY WITH THE ADOPTED INTERNATIONAL FIRE CODE AND AMENDMENTS THAT THE PERMIT MAY BE REVOKED WITHOUT A REFUND.

APPLICANT SIGNATURE: _____ DATE: _____

FRONT RANGE FIRE RESCUE

PESTICIDES, FUNGICIDES, MITICIDES INVENTORY STATEMENT

THIS FORM SHALL BE COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE SITE RESPONSIBLE FOR PESTICIDE NOTIFICATION. PLEASE SUBMIT COMPLETED FORM TO FRONT RANGE FIRE RESCUE FOR REVIEW, APPROVAL, AND ISSUANCE OF A COPY FOR YOUR USE. A CURRENT COPY OF THE APPROVED INVENTORY STATEMENT MUST POSTED ON SITE.

Business Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing/Billing Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Phone: _____ Email: _____

Product Name: _____ Quantity: _____

Storage Location/Description: _____

Product Name: _____ Quantity: _____

Storage Location/Description: _____

Product Name: _____ Quantity: _____

Storage Location/Description: _____

Product Name: _____ Quantity: _____

Storage Location/Description: _____

Product Name: _____ Quantity: _____

Storage Location/Description: _____

(Please attach additional pages as needed to provide a complete list)

I HAVE READ AND UNDERSTAND THE FRONT RANGE FIRE RESCUE POLICIES REGARDING FUMIGATION, AND THE USE AND STORAGE OF PESTICIDES, FUNGICIDES, MITICIDES AND REQUIRED INVENTORY STATEMENTS. I ALSO UNDERSTAND THAT FRONT RANGE FIRE RESCUE WILL CONDUCT A SITE INSPECTION, AND THAT IF I FAIL TO COMPLY WITH THE ADOPTED FIRE CODE, BUILDING CODE OR NFPA STANDARDS, MY PERMIT(S) AND/OR APPROVALS MAY BE REVOKED WITHOUT A REFUND.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

FRONT RANGE FIRE RESCUE

FUMIGATION AND THERMAL INSECTICIDAL FOGGING APPLICATION FORM

THIS FORM SHALL BE COMPLETED AND SIGNED BY A REPRESENTATIVE OF THE SITE APPLYING FOR THE FUMIGATION AND THERMAL INSECTICIDAL FOGGING PERMIT. A PERMIT WILL NOT BE ISSUED IF THIS FORM IS NOT COMPLETE.

Business Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing/Billing Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Phone: _____ Email: _____

DATE(S) OF FUMIGATION: FROM: _____ TO: _____

PRODUCT NAME: _____ QUANTITY: _____

PRODUCT NAME: _____ QUANTITY: _____

PRODUCT NAME: _____ QUANTITY: _____

I HAVE INCLUDED A SAFETY DATA SHEET (SDS) FOR EACH FUMIGANT, INSECTICIDE, FUNGICIDE, MITICIDE AND OTHER CHEMICAL PRODUCT USED ON SITE (circle one) YES NO

I HAVE READ AND UNDERSTAND THE POLICY REGARDING NOTIFICATION OF FUMIGATION. I UNDERSTAND THAT THIS PERMIT WILL BE REVOKED IMMEDIATELY IF THE NOTIFICATION REQUIREMENTS ARE NOT STRICTLY FOLLOWED (circle one) YES NO

I HAVE READ AND UNDERSTAND THE FRONT RANGE FIRE RESCUE POLICY REGARDING FUMIGATION AND THE USE AND STORAGE OF PESTICIDES, FUNGICIDES, MITICIDES AND REQUIRED INVENTORY STATEMENTS. I ALSO UNDERSTAND THAT FRONT RANGE FIRE RESCUE WILL CONDUCT A SITE INSPECTION, AND THAT IF I FAIL TO COMPLY WITH THE ADOPTED FIRE CODE, BUILDING CODE OR NFPA STANDARDS, MY PERMIT(S) AND/OR APPROVALS MAY BE REVOKED WITHOUT A REFUND.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

FRONT RANGE FIRE RESCUE
CARBON DIOXIDE (CO₂) GAS ENRICHMENT SYSTEMS
PERMIT APPLICATION

THIS FORM SHALL BE COMPLETED AND SIGNED BY THE BUSINESS OWNER OR A REPRESENTATIVE OF THE PROPERTY OWNER APPLYING FOR THE PERMIT(S). PLEASE SUBMIT COMPLETED FORM TO FRONT RANGE FIRE RESCUE FOR REVIEW, APPROVAL, AND ISSUANCE OF A COPY FOR YOUR USE. REFER TO CURRENT FEE SCHEDULE FOR APPLICABLE FEES.

Business Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing/Billing Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Phone: _____ Email: _____

Installation Contractor: _____

Type of CO₂ System (Gas System / Burners): _____

Total # and Size of Cylinders/Containers: _____

Total Quantity (cubic feet) of CO₂ Gas On-Site: _____

Check all that apply: Indoor Outdoor Enclosed Room Above Grade Below Grade

Indicate location(s) of CO₂ gas storage on attached to-scale drawing.

Provide detailed description of CO₂ enrichment room(s).

I HAVE READ AND UNDERSTAND THE FRONT RANGE FIRE RESCUE POLICIES REGARDING CARBON DIOXIDE (CO₂) GAS ENRICHMENT SYSTEMS AND NATURAL GAS BURNERS. I ALSO UNDERSTAND THAT FRONT RANGE FIRE RESCUE WILL CONDUCT A SITE INSPECTION, AND THAT IF I FAIL TO COMPLY WITH THE ADOPTED FIRE CODE, BUILDING CODE OR NFPA STANDARDS, MY PERMIT(S) AND/OR APPROVALS MAY BE REVOKED WITHOUT A REFUND.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

FRONT RANGE FIRE RESCUE COMPRESSED GAS PERMIT APPLICATION

THIS FORM SHALL BE COMPLETED AND SIGNED BY THE BUSINESS OWNER OR A REPRESENTATIVE OF THE PROPERTY OWNER APPLYING FOR THE PERMIT(S). PLEASE SUBMIT COMPLETED FORM TO FRONT RANGE FIRE RESCUE FOR REVIEW, APPROVAL, AND ISSUANCE OF A COPY FOR YOUR USE. REFER TO CURRENT FEE SCHEDULE FOR APPLICABLE FEES.

Business Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing/Billing Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Phone: _____ Email: _____

Type of Compressed Gas: _____ Intended Use: _____

Cylinder Size (cubic feet): _____ # of Cylinders: _____ Total Volume: _____

Type of Compressed Gas: _____ Intended Use: _____

Cylinder Size (cubic feet): _____ # of Cylinders: _____ Total Volume: _____

Type of Compressed Gas: _____ Intended Use: _____

Cylinder Size (cubic feet): _____ # of Cylinders: _____ Total Volume: _____

Attach additional pages if needed to provide complete and accurate inventory of all gases.

Provide detailed, to-scale, site plan as directed in Policy.

Indicate location(s) of compressed gas storage on attached to-scale drawing.

I HAVE READ AND UNDERSTAND THE FRONT RANGE FIRE RESCUE POLICIES REGARDING COMPRESSED GAS STORAGE AND USE. I ALSO UNDERSTAND THAT FRONT RANGE FIRE RESCUE WILL CONDUCT A SITE INSPECTION, AND THAT IF I FAIL TO COMPLY WITH THE ADOPTED FIRE CODE, BUILDING CODE OR NFPA STANDARDS, MY PERMIT(S) AND/OR APPROVALS MAY BE REVOKED WITHOUT A REFUND.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

FRONT RANGE FIRE RESCUE

FLAMMABLE/COMBUSTIBLE LIQUID PERMIT APPLICATION

THIS FORM SHALL BE COMPLETED AND SIGNED BY THE BUSINESS OWNER OR A REPRESENTATIVE OF THE PROPERTY OWNER APPLYING FOR THE PERMIT(S). PLEASE SUBMIT COMPLETED FORM TO FRONT RANGE FIRE RESCUE FOR REVIEW, APPROVAL, AND ISSUANCE OF A COPY FOR YOUR USE. REFER TO CURRENT FEE SCHEDULE FOR APPLICABLE FEES.

Business Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing/Billing Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Phone: _____ Email: _____

Type of Flammable/Combustible Liquid: _____

Intended Use: _____

Container Type: _____ Container Size (gallons): _____ # of Containers: _____

Type of Flammable/Combustible Liquid: _____

Intended Use: _____

Container Type: _____ Container Size (gallons): _____ # of Containers: _____

Attach additional pages if needed to provide complete and accurate inventory of all liquids.

Provide detailed, to-scale, site plan as directed in Policy.

Indicate location(s) of compressed gas storage on attached to-scale drawing.

I HAVE READ AND UNDERSTAND THE FRONT RANGE FIRE RESCUE POLICIES REGARDING FLAMMABLE/COMBUSTIBLE LIQUID STORAGE AND USE. I ALSO UNDERSTAND THAT FRONT RANGE FIRE RESCUE WILL CONDUCT A SITE INSPECTION, AND THAT IF I FAIL TO COMPLY WITH THE ADOPTED FIRE CODE, BUILDING CODE OR NFPA STANDARDS, MY PERMIT(S) AND/OR APPROVALS MAY BE REVOKED WITHOUT A REFUND.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

FRONT RANGE FIRE RESCUE

PROPANE (LPG) STORAGE/USE PERMIT APPLICATION

THIS FORM SHALL BE COMPLETED AND SIGNED BY THE BUSINESS OWNER OR A REPRESENTATIVE OF THE PROPERTY OWNER APPLYING FOR THE PERMIT(S). PLEASE SUBMIT COMPLETED FORM TO FRONT RANGE FIRE RESCUE FOR REVIEW, APPROVAL, AND ISSUANCE OF A COPY FOR YOUR USE. REFER TO CURRENT FEE SCHEDULE FOR APPLICABLE FEES.

Business Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing/Billing Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Phone: _____ Email: _____

Indicate Permit Type Desired:

Propane (LPG) Exchange Propane (LPG) Refilling Propane (LPG) Storage/Use

Propane Exchange – Indicate number of cages and capacity:

Propane Refilling: Tank Size: _____ # of Tanks: _____

Intended Use: _____

Propane Storage/Use: Tank Size: _____ # of Tanks: _____

Intended Use: _____

****Attach additional pages if needed to provide complete and accurate inventory and/or description.**

Provide detailed site plan as directed in Policy, indicating location(s) of propane (LPG) storage/use.

I HAVE READ AND UNDERSTAND THE FRONT RANGE FIRE RESCUE POLICIES REGARDING FLAMMABLE/COMBUSTIBLE LIQUID STORAGE AND USE. I ALSO UNDERSTAND THAT FRONT RANGE FIRE RESCUE WILL CONDUCT A SITE INSPECTION, AND THAT IF I FAIL TO COMPLY WITH THE ADOPTED FIRE CODE, BUILDING CODE OR NFPA STANDARDS, MY PERMIT(S) AND/OR APPROVALS MAY BE REVOKED WITHOUT A REFUND.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____