



**FRONT RANGE FIRE RESCUE**  
Life Safety Bureau/Fire Marshal's Office



**PLAN REVIEW / PERMIT APPLICATION FORM**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Valuation: \_\_\_\_\_ Total Square Feet: \_\_\_\_\_

**APPLICANT and/or CONTRACTOR**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROPERTY OWNER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Annexation/Master Plan/Site Plan   | <input type="checkbox"/> Commercial Fire Sprinkler System  |
| <input type="checkbox"/> Residential/Commercial Subdivision | <input type="checkbox"/> Commercial Fire Alarm System      |
| <input type="checkbox"/> ODP / Planned Unit Development     | <input type="checkbox"/> Commercial Kitchen Hood System    |
| <input type="checkbox"/> Plat (Preliminary / Final)         | <input type="checkbox"/> Special Hazard                    |
| <input type="checkbox"/> Use by Special Review Process      | <input type="checkbox"/> Residential Fire Sprinkler System |
| <input type="checkbox"/> Commercial Tenant Finish           | <input type="checkbox"/> Residential Fire Alarm System     |
| <input type="checkbox"/> Commercial Building                | <input type="checkbox"/> Other: _____                      |

**DO NOT WRITE BELOW THIS LINE – FRONT RANGE FIRE RESCUE USE ONLY**

STAFF NOTES:

Permit Information

Plan Check-In: \_\_\_\_\_

Review Due: \_\_\_\_\_

Review Complete: \_\_\_\_\_

\*\*NOTE: Permit fees are assessed at 50% of the plan review fee.

Plan Review Fee: \$ \_\_\_\_\_

Inspection Date/Time: \_\_\_\_\_ Permit #: \_\_\_\_\_

Inspection Comments: \_\_\_\_\_

\_\_\_\_\_