



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

PLAN REVIEW / PERMIT APPLICATION FORM

Project Name: _____ Date: _____

Project Address: _____

Project Valuation: _____ Total Square Feet: _____

Brief Description of Project: _____

- | | |
|---|--|
| <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: _____ |

APPLICANT and/or CONTRACTOR

Business Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

PROPERTY OWNER

Name: _____ Phone: _____

Email: _____ Alt Phone: _____

Fire Protection Systems (e.g., alarms, sprinklers, etc) must be designed and installed by professionals who are qualified and/or State Registered to perform the work. Please list all qualifications below:

System Designer Qualifications (i.e., PE, NICET, etc.): _____

System Installer Qualifications: _____

All submitted drawings/plans shall have appropriate and necessary stamps. All installers may be requested to show physical proof of certification/registration during on-site inspections.