



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



PLAN REVIEW / PERMIT APPLICATION FORM

Project Name: _____ Date: _____

Project Address: _____

Project Valuation and 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"/> Planned Unit Development | <input type="checkbox"/> Commercial Kitchen Hood System |
| <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"/> Special Hazard / Other: _____ |

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

STAFF NOTES:

Permit Information

Plan Check-In: _____

Review Due: _____

Review Complete: _____

Permit Fee Due: \$ _____

Inspection Date/Time: _____ Permit #: _____

Inspection Comments: _____
