



ADAMS COUNTY FIRE RESCUE

FIRE PREVENTION BUREAU

8055 N. Washington St.
Denver, CO 80229
(303)539-6862 / Fax: (303)287-1687

PLAN REVIEW AND PERMIT APPLICATION FOR TENT/CANOPY

WE ACCEPT EXACT CASH, CHECK AND CREDIT CARD

Project Name: _____ Date Submitted: _____

Project Address: _____

(Include: City State Zip)

Project Type: **SUBMIT ELECTRONICALLY BY CALLING 303-539-6862**

Tent Size.: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Company Name: _____

Company Address: _____

(Include: City State Zip)

I hereby certify that I have read and examined this application, and know the same to be true and correct. All provisions of laws governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not give authority to violate or cancel the provisions of ANY State, County or Special Jurisdiction laws regarding construction of the performance of construction, building, zoning or applicable regulations.

Print Name _____ Signature _____ Date _____

NOTICE: THE PLAN REVIEW PROCESS TAKES A MINIMUM OF 10 BUSINESS DAYS. WE WILL CONTACT YOU BY PHONE/EMAIL WHEN PLANS ARE READY FOR PICKUP. FEES WILL DOUBLE IF NOT PICKED UP WITHIN 30 DAYS AFTER NOTICE. THANK YOU!

NAME: _____ DATE: _____ 30 DAYS: _____

TO BE SIGNED WHEN PLANS ARE PICKED UP:

I affirm that I am an authorized Agent of _____ and that certain changes and corrections may be required in those plans which are acknowledged by my signature below, that by this acknowledgement and affidavit, it is guaranteed that said corrections will be made in accordance with the International Fire Code 2012 Edition, as amended by the Adams County Fire Protection District or any other applicable code or standard pertaining to the work to be performed.

Plans **Received** by (Print Name) _____ Signature _____ Date _____

FOR FIRE DISTRICT USE ONLY:

REVIEW/INSPECTION TIME: _____ PERMIT NO.: _____

DISPOSITION: APPROVED **WITH** CONDITIONS (See attached comments)

APPROVED WITHOUT CONDITIONS

DENIED _____

PLANS **REVIEWED** BY (PRINT NAME) _____ SIGNATURE _____ DATE _____

REVIEW FEE **CHECK/CASH**: \$ _____ REVIEW FEE **CREDIT CARD**: \$ _____

CHECK NO: _____ CASH: _____ CREDIT CARD: _____

RECEIVED BY: _____ DATE: _____

THANK YOU!