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

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**

_____Site Plan _____Water _____New Construction _____Tenant Finish

_____Fire Sprinkler _____Fire Alarm _____Kitchen Hood _____Paint Booth

_____Racking System _____ Tent _____Other: _____

Occupancy Classification: _____ **Construction Type:** _____ **Project Sq. Ft.:** _____

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

0 APPROVED WITHOUT CONDITIONS

0 DENIED _____

_____ _____ _____

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

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

☐ CHECK NO: _____ ☐ CASH: _____ ☐ CREDIT CARD: _____

RECEIVED BY: _____ DATE: _____

THANK YOU!