



**PLAN REVIEW APPLICATION**

Please fill out all sections highlighted in yellow. Incomplete applications may delay completion of plan review.  
**Notice: The plan review process takes a minimum of 10 business days. We will contact you by phone/email when the plan review is complete. Fees will double if not paid for within 30 days after notice.**

<b>Applicant Information</b>			
Business Name:		Address:	
Name:		Title:	
Phone:		Email:	
<b>Project Information</b>			
Name:			
Address:			
Is this project for a new building occupant?	<input type="checkbox"/> Yes Occupant Name: _____ <input type="checkbox"/> No Existing Occupant Name: _____		
Description/Scope:			
Occupancy Class:		Construction Type:	
Square Feet:		Valuation:	
<b>Project Type</b>			
<input type="checkbox"/> New Construction	<input type="checkbox"/> Kitchen Hood	<input type="checkbox"/> Tent (Size: _____)	<input type="checkbox"/> Fire Pump
<input type="checkbox"/> Tenant Finish	<input type="checkbox"/> Paint Booth	<input type="checkbox"/> Tank (Size: _____)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fire Sprinkler*	<input type="checkbox"/> Racking	<input type="checkbox"/> BDA System	
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Site Development / Water	<input type="checkbox"/> AES Radio	
<b>*Fire Sprinkler Contractor Information (if applicable)</b>			
CDFPC Contractor Registration Number:		Expiration:	
CDFPC Fitter Registration Number:		Expiration:	
<b>Acknowledgment</b>			
<p>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.</p> <p>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 2018 Edition, as amended by the Adams County Fire Protection District or any other applicable code or standard pertaining to the work to be performed.</p>			
_____	_____	_____	
Print Name	Signature	Date	

\*\*\*\*\*For Fire District Only\*\*\*\*\*

Complete Submittal Received:	Permit Number:
<b>Review Information</b>	
<input type="checkbox"/> Approved with Conditions (see comments) <input type="checkbox"/> Approved without Conditions <input type="checkbox"/> Denied <input type="checkbox"/> Reviewed by CCI	
Plan Reviewer:	Plan Reviewer Signature:
Date:	Review Time:
<b>Payment Information</b>	
Review Fee if by Check/Cash:	Review Fee with Credit Card:
Paid by:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check (#: _____)
Received By:	Date:

Unincorporated Adams County       City of Arvada       School Project