RICK - FIRES

## **APPLICATION FOR PLAN REVIEW**

## To submit plans or schedule inspections, please email fireprevention@fffd.us

	Date
APPLICANT/CONTRACTOR	
COMPANY NAME	
ADDRESS	CITY, STATE, ZIP
PHONE # EM	AIL
PROJECT NAME	
PROJECT ADDRESS	TOWN, ZIP
ARCHITECT/DESIGNER	PHONE #
OWNER NAME	EMAIL
ADDRESS	CITY, STATE, ZIP
Plans must be submitted in legible electronic format.	
Description of Project:	
Contractor's Total \$ Valuation	Contractor's License
Application/Plan Review For:	
□ Site Development □ Building & Floor Plans	□ Tenant Finish □ Fire Alarm System
□ Hood Extinguishing System □ Spray Booth □	Fire Sprinkler System 🛛 AST 🛛 UST
UST Removal 🛛 LPG Storage 🖓 High Piled Storage 🖓 Other	
Building Information:	
IBC Construction Type IBC Occupancy Class IBC/IFC Edition	
Gross Square Footage Square Foot/Flo	oor Number of Stories
Building Height Basement	
Is this building protected with an automatic fire sprinkler system? $\Box$ Yes $\Box$ No	
I hereby state that the above is correct. I recognize that the approval of plans and specifications does not permit the violation of the building codes, fire codes, Town/County ordinances, or State law. I consent to provide entry to inspectors during normal business hours and to request	

inspections as needed. I consent to pay the Fire District plan review and permit fees pursuant to Section 32-1-1001(1)(j), C.R.S., and any re-inspection fees that may be required.

Please Print Name \_\_\_\_\_Signature\_\_\_