Elizabeth Fire Protection District

155 West Kiowa Avenue, P.O. Box 441
Elizabeth, Colorado 80107
Phone: (303) 646-3800 Fax: (303) 688-6994

Application for Plan Review & Construction Permits

Project Name:	Date:	
Project Address:	Suite #:	
Applicant Name (Contractor):	Title:	
Address:	City, State, Zip Code:	
Phone #: ( )	Fax #: ( )	
Project Sq. Ft.:	Sq. Ft./Floor:	Number of Stories:

Type of Project: ☐ **New Building** ☐ **Remodel** ☐ **Tenant Finish** ☐ **Site Development** ☐**Water Plan** ☐ **County Referral**

CONSTRUCTION PERMIT INFORMATION

☐Sprinkler System Installation / Service ($231.00 + $1.50 per head fee)
☐Kitchen Hood System Installation ($150.00 fee)
☐Fire Alarm Installation Service ($231.00 + $1.50 per initiating device fee)
☐Underground Sprinkler Main ☐Other: _____

Architectural Firm/Designer:	Phone #: ( )	Fax #: ( )
Address:	City, State, Zip Code:	

Notice: The plan review process takes a minimum of 10 working days from the date the plans are submitted.

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, city/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 fees and permit fees pursuant to Section 32-1-1001(1)(j), C.R.S., and any reinspection fees that may be required.

Print Name:_____ Signature:_____ Date: _____

For Fire District Use Only:

Project Name:		Date Received:	Date Completed:
Reviewed By:		Review – Permit Fee:	Review Hours:
Disposition:	Approved Without Conditions:	Approved With Conditions:	Rejected:
Date Paid:	Amount Paid:	Cash: ☐ Check #: ☐	Received By:

Fire Department Comments: _____

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Review Picked Up By: _____ **Date:**_____

Company/Firm:_____

05/19/2011