



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 (\$127.00 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:
Date Paid:	Amount Paid:	Cash: <input type="checkbox"/> Check #: <input type="checkbox"/>
		Rejected: Received By:

Fire Department Comments: _____

Review Picked Up By: _____ **Date:** _____
Company/Firm: _____