



Brighton Fire Rescue District

Fire Prevention Bureau

500 South 4th Avenue, 3rd Floor
Brighton, CO 80601
Phone: (303) 659-4101 Fax: (303) 659-4102

PLAN REVIEW AND PERMIT APPLICATION

PLEASE FILL OUT ALL APPLICABLE FIELDS

Project Name: _____ Date Submitted: _____

Project Address: _____

(Include: City/County, State, & Zip)

Project Type:

- | | | | |
|------------------|--------------------|------------------|---------------|
| Site Development | Water System | New Construction | Tenant Finish |
| Fire Sprinkler | Fire Alarm | Hood Suppression | Paint Booth |
| Event | Hazardous Material | Other: _____ | |

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

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Company Name: _____

Company Address: _____

(Include: City State Zip)

Fire Sprinkler Contractor CDFPC Registration Number: _____ Expiration: _____

Fire Sprinkler Fitter CDFPC Registration Number: _____ Expiration: _____

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. WE ACCEPT CHECK (PAYABLE TO: BRIGHTON FIRE RESCUE DISTRICT) OR CREDIT CARD PAYMENTS. PLEASE NOTE CREDIT CARDS PAYMENTS WILL BE CHARGED A 3.3% PROCESSING FEE* THANK YOU!

TO BE SIGNED WHEN PERMIT IS 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 currently adopted fire code 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: APPROVED **WITH** CONDITIONS (See attached comments)
APPROVED WITHOUT CONDITIONS

PLANS **REVIEWED** BY (PRINTNAME)

SIGNATURE

DATE

* REVIEW FEE **PAYMENT**: \$ _____

THANK YOU!