



# Brighton Fire Rescue District

500 S. 4<sup>th</sup> Ave, 3<sup>rd</sup> Floor • Brighton, Colorado 80601  
Telephone: (303) 659-4101 • Fax: (303) 659-4103 • Website: www.brightonfire.org

## PLAN REVIEW APPLICATION

**Please fill out all sections highlighted below in yellow.**  
**Incomplete applications may delay completion of plan review.**  
**Notice: The plan review process takes a minimum of 14 business days.**

Applicant:

Remit to:
Brighton Fire Rescue District 500 South 4 <sup>th</sup> Avenue Third Floor Brighton, CO 80601

Contact Person Information			
Name:		Title:	
Phone:		Email:	

Project Information			
Name:			
Address:			
Description/Scope:			
Occupancy Class:		Construction Type:	
Square Feet:		Valuation:	

Project Type	Project Location
<input type="checkbox"/> New Construction <input type="checkbox"/> Suppression System <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Operational Permit <input type="checkbox"/> Fire Sprinkler* <input type="checkbox"/> Site Development <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other: _____	<input type="checkbox"/> City of Brighton <input type="checkbox"/> Unincorporated Adams County <input type="checkbox"/> Unincorporated Weld County <input type="checkbox"/> Town of Lochbuie <input type="checkbox"/> City of Commerce City

*Fire Sprinkler Contractor Information			
CDFPC Contractor Registration Number:		Expiration:	
CDFPC Fitter Registration Number:		Expiration:	

Acknowledgment		
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

Complete Submittal Received: _____
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Permit Number: _____
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