

Evergreen Fire Rescue

Fire Prevention Section

PLAN REVIEW APPLICATION FORM

1802 Bergen Parkway, Evergreen, CO 80439
303-674-3145

Application # _____

PROJECT INFORMATION			
Project/Site Name		Tenant Name or Building Designation	
Address		Suite/Area	Sq. Ft. of Construction
Fire District:	Evergreen	Foothills	City

CONTRACTOR /HOMEOWNER			DESIGN PROFESSIONAL		
Contact First Name		Last Name	Contact First Name		Last Name
Company Name			Company Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone Number (Area Code)		E-Mail	Phone Number (Area Code)		E-Mail

Type of Submittal or Service Requested

Development/Referral	Hazardous Materials Management Plan
Water Distribution System or Hydrant Locations	Above Ground Storage Tank <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected <input type="checkbox"/> Temporary
New Building	Underground Storage Tank <input type="checkbox"/> Installation <input type="checkbox"/> Removal
Tenant Improvement	Battery System
Demolition	Cistern Water Supply System
Vehicle Access <input type="checkbox"/> Temporary <input type="checkbox"/> Gate	Chemical Spill Alarm
L Letters (Insurance, Others)	Dust Collection System
Underground Fire Line	Explosives <input type="checkbox"/> Blasting <input type="checkbox"/> Storage
Automatic Sprinkler System <input type="checkbox"/> New <input type="checkbox"/> Alteration	Fireworks <input type="checkbox"/> Stand <input type="checkbox"/> Indoor Pyro Display <input type="checkbox"/> Outdoor Pyro Display
<input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D	LP Gas Tanks <input type="checkbox"/> Temporary <input type="checkbox"/> Propane Exchange
<input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Backflow Preventer <input type="checkbox"/> Fire Pump	Refrigeration System
Standpipe <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Spray Booth/Finishing
Hood and Duct System/Kitchen Suppression	Special Use Permit
Clean Agent System	Open Burning
Fire Alarm <input type="checkbox"/> New <input type="checkbox"/> Alteration	Tent(s) # _____ Date(s) of Use _____
Radio Amplification System (BDA)	Revisions to Existing Permit
Medical Gas System	Alternative Methods or Materials
Generator <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas	High Pile Combustible Storage
Smoke Management	Smoke Control
OTHER _____	

General Comments:

FIRE DEPARTMENT USE ONLY			
Date Received:		By:	Permit #:
Date Paid:	Fee:	Check #:	CC#:
Review/Permit Picked Up By:		Representing:	
Plan Reviewer:			
Fire Department Comments:			
DISTRIBUTION: WHITE – Evergreen Fire Rescue YELLOW –Applicant			