

CONIFER FIRE PROTECTION DISTRICT

PO BOX 645, CONIFER, COLORADO 80433 303-697-4413 Office - 303-697-6770 Fax

PROJECT INFORMATION													
Project/Site Name	Tenant Name or Building Designation												
Address Suite/Area			City				State Zip Code			ļs	Sq. Ft. of Construction		
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CONTRACTOR /HOMEOWNER			DESIGN PROFESSIONAL										
Contact First Name Last Name			Contact First Name				Las				st Name		
Company Name				Company Name									
Address	Address												
Sity State Zip			City State Zip										
Class	F-14		o.i.y							- .P			
Phone Number E-Mail			Pho	one Numbe	E	E-Mail							
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TYPE OF SUBMITTAL OR SERVIO	E REQUEST	ED (Check	an				le iten	າຣ)					
County Development/Referral				Open Bur		-							
Letters (Insurance, Referrals, Etc.)			Aboveground Storage Tank					Type:					
New Building			Underground Storage Tank						Installation Removal				
Tenant Improvement				Hazardous Materials Management Inventory									
Demolition				Hazardous Materials Management Plan									
Vehicle Access Temporary Gate				Spray Booth/Finishing									
Water Distribution System, Cistern or Fire Hydrant(s)				Medical Gas System									
Underground Fire Line				Explosives Blasting S							Storage		
Automatic Sprinkler System	utomatic Sprinkler System New Al			Fireworks Stand Pyro Display				isplay					
NFPA 13 NFPA 13R	NFPA 13 NFPA 13R NFPA 13D			LP Gas T	LP Gas Tank Temporary Propane						ne Exchange		
Wet Dry Antifreeze Preaction Backflow				Energy Storage System									
Standpipe Type: Permanent Temp.				Dust Collection System									
Kitchen Suppression System(s)				Refrigeration System									
Clean Agent System				Alternativ	e M	ethods or I	Materials	;					
Fire Alarm	New	ew Alteration		Tent(s)	#	Sq. Ft.		Date(s) of Use:					
Emergency Responder Communications Enhancement Systems (ERCES)				Special U	lse l	Permit							
CO2 Leak Detection System				Mobile Food Preparation Vehicle									
Fire Pump Diesel	Natural Gas	LP Gas		Revisions to Existing Permit									
Generator Diesel	Natural Gas	LP Gas		Other:									
General Comments:													
FIRE DEPARTMENT USE ONLY					PE	RIV	1IT #:						
	By:		Date Paid:										
Plan Reviewer:	D	FPC Plar	ns F	- xamine	r·								
Fire Department Comments:													