

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

Project Name:	Date:
Project Address:	General Contractor:
Contact Name:	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
 Special Systems (Permit Application Required) 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 required.

Print Name: _____ Signature: _____ Date: _____

Fire District Use Only:

Project Name:	Date Received:	Date Completed:
Reviewed By:	Review Fee:	
Disposition:	Approved Without Conditions:	Approved With Conditions: Rejected:
Date Paid:	Amount Paid:	Cash: <input type="checkbox"/> Check #: <input type="checkbox"/> Received By:

Fire Department Comments:

Review Picked Up By: _____ **Date:** _____

Company/Firm: _____