

CITY OF LAKEWOOD

PLANNING AND PUBLIC WORKS DEPARTMENT
480 S Allison Parkway-Civic Center North
Lakewood, Colorado 80226-3127

Permit No. _____

B.P. No. _____

Date: _____

Inspections: 303-987.7768

Information: 303-987-7500

Fax: 303-987-7979

FIRE PROTECTION PERMIT APPLICATION

Permits will be returned by mail when applications are accompanied by permit fee and self-addressed envelope

Project Address _____	Property Owner or General Contractor and Phone No _____
-----------------------	---

APPLICANT	Name of Person or Firm (Please Print) _____	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor	License No. _____
	Address _____	Phones _____	
PROJECT DESCRIPTION	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replace		
	<input type="checkbox"/> One-Fam Res <input type="checkbox"/> __-Bed Nurse Home <input type="checkbox"/> Theater <input type="checkbox"/> Office <input type="checkbox"/> Garage <input type="checkbox"/> Two-Fam Res <input type="checkbox"/> __-Bed Hospital <input type="checkbox"/> Restaurant <input type="checkbox"/> Bank <input type="checkbox"/> Shop <input type="checkbox"/> __-Unit Apt <input type="checkbox"/> __-Pupil School <input type="checkbox"/> Lounge <input type="checkbox"/> Clinic <input type="checkbox"/> Factory <input type="checkbox"/> __-Rm Motel <input type="checkbox"/> __-Pupil Day Care <input type="checkbox"/> Store <input type="checkbox"/> Auto Service <input type="checkbox"/> Warehouse <input type="checkbox"/> __-Rm Hotel <input type="checkbox"/> __-Seat Church <input type="checkbox"/> Other (Describe) _____		
PLANS	For all work done under this permit the undersigned accepts full responsibility for compliance with the City of Lakewood Building Code and all other applicable state and city ordinances.		Estimated Value \$ _____
	<input type="checkbox"/> NONE		Tax Exempt No _____
	<input type="checkbox"/> WITH APPL.		Permit Fee \$ _____
	<input type="checkbox"/> ON FILE		Use Tax \$ _____
	Print Name (contractor) _____		TOTAL
	Signature (contractor) _____		\$ _____

FIRE PROTECTION INSTALLATION INFORMATION

COMPLETE APPLICABLE SECTIONS BELOW, INDICATE SYSTEM(S) AND CHECK ITEMS TO BE INCLUDED THEREIN

SCOPE:

- NEW EXTENSION OF EXISTING REPAIR REPLACE RELOCATE

SYSTEMS:

- | | | |
|--|---|--|
| <input type="checkbox"/> FIRE SPRINKLERS: 13 13R 13D | <input type="checkbox"/> WET STANDPIPE | <input type="checkbox"/> DRY STANDPIPE |
| <input type="checkbox"/> COMBINATION STANDPIPE | <input type="checkbox"/> CARBON DIOXIDE | <input type="checkbox"/> DRY POWDER |
| <input type="checkbox"/> OTHER (Describe) : _____ | | |

THIS APPLICATION MUST BE ACCOMPANIED BY TWO SETS OF PLANS, APPROVED BY THE FIRE DEPARTMENT, INDICATING AREAS TO BE PROTECTED, PIPE SIZES, HEAD LOCATIONS, FIRE DEPARTMENT CONNECTIONS, STANDPIPES, HOSE CABINETS AND ALL OTHER PERTINENT DETAILS AND INFORMATION COMPLETELY DESCRIBING THE PROPOSED INSTALLATION, EXCEPT THAT PLANS MAY NOT BE REQUIRED FOR MINOR REPAIRS, REPLACEMENT, PARTIAL SYSTEMS OR EXTENSIONS OF SIX HEADS OR LESS WHEN SUCH INSTALLATION IS COMPLETELY DESCRIBED BELOW:

This Section Need Not Be Completed If Plans Are Filed

AREA TO BE PROTECTED (Describe): _____	SQ. FT.: _____
NO. OF HEADS: _____	SPACING: _____
PIPE SIZES: MAIN: _____	RISERS: _____
STANDPIPE SIZE: _____	HEIGHT: _____
CARBON DIOXIDE SYSTEM (Describe): _____	DRY: _____
DRY POWDER SYSTEM (Describe): _____	WET: _____
REMARKS: _____	COMB: _____

