



# Mountain View Fire Rescue District

3561 N. Stagecoach Rd., Longmont, CO 80504

(303) 772-0710

prevention@mvfpd.org

## APPLICATION FOR PLAN REVIEW

Date \_\_\_\_\_

APPLICANT \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ Email \_\_\_\_\_

PROJECT NAME \_\_\_\_\_ COUNTY Weld Boulder (please circle one)

PROJECT ADDRESS \_\_\_\_\_ CITY/TOWN, ZIP \_\_\_\_\_

ARCHITECT/DESIGNER \_\_\_\_\_ PHONE # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

**Plans must be submitted both in paper format and electronic format. All Fire Alarm Test Reports shall be on site for Final Approval.**

Description of Project: \_\_\_\_\_

Contractor's Total \$ Valuation \_\_\_\_\_

### Application/Plan Review For:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Site Development       | <input type="checkbox"/> Hood Extinguishing System  | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Building & Floor Plans | <input type="checkbox"/> Spray Booth                | License # _____                           |
| <input type="checkbox"/> Tenant Finish          | <input type="checkbox"/> Other Extinguishing System | <input type="checkbox"/> Type             |
| <input type="checkbox"/> Fire Alarm System      | <input type="checkbox"/> Tank Installation          | <input type="checkbox"/> New              |
| <input type="checkbox"/> New                    | <input type="checkbox"/> Tank Removal               | <input type="checkbox"/> Alteration       |
| <input type="checkbox"/> Alteration             | <input type="checkbox"/> Special Event              | <input type="checkbox"/> Other            |

### Building Information:

IBC Construction Type \_\_\_\_\_ IBC Occupancy Class \_\_\_\_\_ IBC/IFC Edition \_\_\_\_\_

Gross Square Footage \_\_\_\_\_ Square Foot/Floor \_\_\_\_\_ Number of Stories \_\_\_\_\_

Is this building protected with an automatic fire sprinkler system?  Yes  No

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 re-inspection fees that may be required.

Please Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**A MINIMUM OF 10 BUSINESS DAYS IS REQUIRED FOR PLAN REVIEW**