



Berthoud Fire Protection District

275 Mountain Avenue, PO Box 570, Berthoud, CO 80513

970-532-2264

planreviews@berthoudfire.org

APPLICATION FOR PLAN REVIEW / PERMIT

DATE _____

PROJECT NAME & PERMIT NUMBER (IF APPLICABLE) _____

SITE ADDRESS OR PARCEL NUMBER _____

PROJECT APPLICANT/CONTACT _____

COMPANY NAME _____

COMPANY ADDRESS _____

APPLICANT EMAIL _____

APPLICANT PHONE _____

CONTRACTOR _____

LICENSE # (IF APPLICABLE) _____

CONTRACTOR COMPANY NAME _____

COMPANY ADDRESS _____

CONTRACTOR EMAIL _____

CONTRACTOR PHONE _____

WORK DESCRIPTION

TOTAL SQUARE FOOTAGE OF PROJECT _____

REVIEW TYPE

- | | |
|--|---|
| <input type="checkbox"/> Commercial Wet Fire Sprinkler | <input type="checkbox"/> Spray Booth |
| <input type="checkbox"/> Commercial Wet Chemical System | <input type="checkbox"/> Tank Installation/Tank Removal |
| <input type="checkbox"/> Commercial Dry Chemical System | <input type="checkbox"/> Hood System |
| <input type="checkbox"/> Commercial Fire Alarm System | <input type="checkbox"/> Tent/Canopy |
| <input type="checkbox"/> Residential Fire Sprinkler System | <input type="checkbox"/> Other _____ |

I hereby certify that the above information is accurate and does not violate any applicable building codes, fire codes, town/county ordinances, or state law. I consent to provide entry for field inspection(s). I consent to pay the Fire District plan review and/or permit fees (as contained in the adopted consolidated fee schedule).

Print Name _____ Signature _____

A MINIMUM OF 10 BUSINESS DAYS IS REQUIRED FOR PLAN REVIEWS