South Adams County Fire Department



6050 Syracuse St.

Commerce City, CO 80022

Phone: (303) 288-0835 Fax: (303) 288-5977

Fire Prevention Bureau Plan Review and Construction Permit Application

Notice: All plan submittals will be a Minimum of a Thirty (30) business day review

process

Minimum fee is required during submittal please see Inspection Fee Schedule for more information

Project Information											
Project Name:						Date of Submittal:					
Project Address:											
Project Sq. Ft.:			·								
Building Dept:	□Adams	•		ilding Department							
(check one) Construction Type:	☐ City of	Commerce City	Permit #:	ncy Group:							
See Table			See Tab								
Type of Project (sel	lect one):										
☐New Building	□New Building □Building			n		□Water Plan					
□Fire alarm		□Sprinkler	□Clean	Agent System		□Kitchen Hood					
□Radio Amplificatio	on (BDA)	☐High Pile Storage	/Racking		□Tem	☐ Temporary Structure (Tent)					
□Paint Booth		□City Referral	□Coun	ty Referral	□Ope	rational Permit	/ Conditional Use				
□Other:											
Description of Proj	ect:										
Contractor/ Submi	Owner or Lessee Information										
Contact Name:				Contact Name:							
Title:		Title:									
Company Name:				Company Name:							
Address:				Address:							
City, State, Zip:				City, State, Zip:							
Phone:	Fa	x:		Phone:		Fax:					
Email:				Email:		•					

		Please An	swer the Follo	wing Ques	tions						
Does the building hav	tem?		☐ Yes			l No					
Does the building hav	r System?		□ Yes			l No					
Will Hazardous Mate	e?	□ Yes			l No						
Will there be Storage	□ Yes			l No							
Does the building have		□Yes			l No						
			Payment	:							
We accept payment in the form of Check and Credit Card. Please indicate below how you would like to pay:											
		□Credit Card *									
<u>*A</u>	ll credit card tı	ansactions	are subject to	o a 3.5% f	fee st	arting Febru	iary 1 st .				
		F	ire District Us	e Only:							
Project #:		Plan Review	v/ Permit #:	Reviewed 1		Reviewed by:	y:				
Description:											
Plan Review Fee:	Amount Paid:	Date Paid:	aid: Level of Consulting:			rs of Review:	Received By:				
Minimum Fees:											
Remaining Fees:											