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

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

Project Information											
Project Name:						Date of Submittal:					
Project Address:								Suite #:		-	
Project Sq. Ft.:				Building Dept:			nty 🛛 City of Commerce City				
Construction Type:			Occupancy								
Number of Stories:		Group:			tact:						
Type of Project (sele	ect one):										
• •	Building A	ddition	Ten	ant Fin	ish	□Wate	r Plan	□Fire	alarm	□Sprinkler	
□Clean Agent System	~								io Amplific		
□Temporary Structu		Operational Permit/ Cond			Cond	litional Use		City Ref	-	□County Referral	
□Other:							•				
Description of Proje	ect:										
Contractor/ Submit	ting Party	Inform	ation			Owner (or Less	ee Inforn	nation		
	ting Party	Informa	ation			Owner or Lessee Information					
Contact Name:					Contact Name:						
Title:					Title:						
Company Name:					Company Name:						
Address:						Address:					
City, State, Zip:						City, State, Zip:					
Phone: Fax:					Phone: Fax:						
Email:						Email:					

Please Answer the Following Questions:							
Does the building have Fire Alarm System?	□ Yes	□ No					
Does the building have a Fire Sprinkler System?	□ Yes	□ No					
Will Hazardous Materials be stored/ used at this site?	□ Yes	□ No					
Will there be Storage greater than 10 feet in height?	□ Yes	🗆 No					
Does the building have Mezzanine?	□ Yes	□ No					
Payment:							
We accept payment in the form of Check and Credit Card. Please indicate below how you would like to pay:							
Check	Credit Card *						
*All credit card transactions are subject to a 3.5% fee starting February 1 st .							

Fire District Use Only:									
Project # :		Plan Review/ P	ermit # :		Reviewed by:				
Total Fee:		Minimum Fee:				Balance Due at Release:			
Description:									
Plan Review Fee: Minimum Fees:	Amount Paid:	Date Paid:				rd Authorization e Number) :	Received By:		
Remaining Fees:									
Disposition:	Approved	Approved with Comments			Comments require Response Denied				
Signature upon pick up:		Printed Name:				Date:			