



MOUNTAIN VIEW FIRE PROTECTION DISTRICT

Administrative Office:

9119 E County Line Road • Longmont, CO 80501

(303) 772-0710 • FAX (303) 651-7702

APPLICATION FOR PLAN REVIEW

DATE: _____

PROJECT TITLE _____

PROJECT ADDRESS _____ CITY _____ COUNTY _____

CONTRACTOR _____ PHONE/FAX _____ LICENSE # _____

ADDRESS _____ CITY, STATE, ZIP _____

ARCHITECT/DESIGNER _____ PHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

Description of Project: _____

Contractor's Total \$ Valuation _____

Application/Plan Review For:

- | | | |
|------------------------------|----------------------------------|-------------------------|
| _____ Site Development | _____ Hood Extinguishing System | _____ Tank Installation |
| _____ Building & Floor Plans | _____ Spray Booth | _____ Tank Removal |
| _____ Tenant Finish | _____ Other Extinguishing System | _____ Other |
| _____ Fire Alarm System | _____ Sprinkler System | _____ |
| _____ New | _____ Type | |
| _____ Alteration | _____ New | |
| | _____ Alteration | |

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 reinspection fees that may be required.

Please Print Name _____ Signature _____

A MINIMUM OF 10 BUSINESS DAYS IS REQUIRED FOR PLAN REVIEW

