

DFS USE ONLY

Date Received _____

Entered Into Database? Y N

Billing ID# _____ Billed? Y N

Date Reviewed _____

Date of Final _____ Archive

Colorado Division of Fire Safety
Plan Review Application—Suppression Permit

DFS Fire Suppression Program
9195 E. Mineral Avenue #234
Centennial, CO 80112

Phone: 720-852-6739 Fax: 720-852-6736
Email: steve.gasowski@cdps.state.co.us

Suppression Contractor Information

DFS Reg. Number _____ (*Must be current for review*)

Contractor _____

Mailing Address _____

Telephone _____ Email _____

Type of Plan Submittal

First Submittal Resubmittal

Sprinkler: Wet Dry Alarm Underground Other

Sprinkler Type: 13 13R 13D Multipurpose

Checklist: 3 Sets of Plans Hydraulic Calcs Product Specs

Building Details (if known)

Residential Commercial

Total Sq. Ft. _____

Construction Type _____

Stories _____ Basement? Y N

Primary Use _____

Mixed Use _____ N/A

Water Supply Type _____

Healthcare Facility? Y N

If yes, also submit an electronic set of plans to Colorado Department of Health for review.

Project Details

Project/Site Name _____

Physical Address _____ City _____

County _____ Building Jurisdiction _____ Permit # _____

Fire Department Jurisdiction _____

Project Installer/Supervisor _____ On-Site Phone _____

Scope of Project _____ **Project Valuation** _____

Installation Type: New Install Retrofit Tenant Finish Alteration/Addition

Plan Design Reviewed By _____ PE# _____ NICET# _____

Project General Contractor _____ Telephone _____

Comments _____

Project Inspection Record (DFS Use Only)

Plan Review Approved? Y N Approved with Corrections (see plan review report)

Date _____ Plan Examiner _____ Certification # _____

Underground Test Passed? Y N

Date _____ Witnessed By _____ Title _____

Rough-In Inspection Approved Not Approved (Use back for multiple/phased inspections)

Date _____ Inspector _____ Certification # _____

Re-Inspection Needed? Y N Reason _____

Final Inspection Approved Not Approved

Date _____ Inspector _____ Certification # _____