



Mountain View Fire Rescue District

3561 N. Stagecoach Rd., Longmont, CO 80504
(303) 772-0710
prevention@mfvfd.org

APPLICATION FOR PLAN REVIEW

Date _____

APPLICANT/CONTRACTOR _____

COMPANY NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE # _____ Email _____

PROJECT NAME _____ COUNTY Weld Boulder (please circle one)

PROJECT ADDRESS _____ CITY/TOWN, ZIP _____

ARCHITECT/DESIGNER _____ PHONE # _____

COMPANY NAME _____ EMAIL _____

ADDRESS _____ CITY, STATE, ZIP _____

Plans must be submitted in legible electronic format. All Fire Alarm Test Reports shall be on site for Final Approval.

Description of Project: _____

Contractor's Total \$ Valuation _____

Application/Plan Review For:

- | | | |
|---|---|---|
| <input type="checkbox"/> Site Development | <input type="checkbox"/> Hood Extinguishing System | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Building & Floor Plans | <input type="checkbox"/> Spray Booth | License # _____ |
| <input type="checkbox"/> Tenant Finish | <input type="checkbox"/> Other Extinguishing System | <input type="checkbox"/> Type |
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Tank Installation | <input type="checkbox"/> New |
| <input type="checkbox"/> New | <input type="checkbox"/> Tank Removal | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Special Event | <input type="checkbox"/> Other |

Building Information:

IBC Construction Type _____ IBC Occupancy Class _____ IBC/IFC Edition _____

Gross Square Footage _____ Square Foot/Floor _____ Number of Stories _____

Building Height. _____

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 re-inspection fees that may be required.

Please Print Name _____ Signature _____

A MINIMUM OF 10 BUSINESS DAYS IS REQUIRED FOR PLAN REVIEW