

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 _____
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 # _____