**GYPSUM FIRE PROTECTION DISTRICT**
P.O. BOX 243
GYPSUM, CO 81637
(970) 524-7101

# FIRE DISTRICT PERMIT APPLICATION

**FIRE INSPECTION PERMIT NO.** _____

*Applicant to complete spaces numbered only.*

| | | | | |
|---|---|---|---|---|
| 1 JOB ADDRESS | | | PARCEL # | |
| 2 LEGAL DESCR | LATITUDE & LONGITUDE | | SUBDIVISION | |
| 3 OWNER | MAIL ADDRESS | TOWN | ZIP | PHONE NO. |
| 4 CONTRACTOR | MAIL ADDRESS | TOWN | STATE | ZIP |
| CONTRACTOR CONTACT PERSON | PHONE NO. | | | |
| 5 ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | LICENSE NO. | |
| 6 ENGINEER | MAIL ADDRESS | PHONE | LICENSE NO. | |

7 USE OF BUILDING ☐ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL ☐ OTHER

8 CLASS OF WORK: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE

9 DESCRIBE WORK:

10 VALUATION OF WORK: $

| | |
|---|---|
| 11 MAXIMUM OCCUPANCY LOAD | 15 FIRE APPARATUS ACCESS IN FT. TO BUILDING |
| 12 TYPE OF HEATING GAS ☐ ELECTRIC ☐ OTHER ☐ / MANUAL SHUT-OFFS GAS_____ ELECTRIC _____ | 16 LOT COVERAGE Includes Overhangs |
| 13 WATER SOURCE PUBLIC ☐ PRIVATE ☐ / 14 | 17 |
| Special Conditions: | 18 TOTAL FLOOR AREA OF STRUCTURE (SQ. FT.) |
| | 19 NUMBER OF STORIES |
| | 20 HEIGHT OF STRUCTURE ABOVE GRADE |
| | 21 NUMBER OF DWELLING UNITS |
| | 22 NUMBER OF OFF STREET PARKING SPACES |
| | 23 DESIGN REVIEW APPROVAL YES NO DATE |

**NOTICE!! READ BEFORE SIGNING**

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICAL (HEATING, VENTILATING OR AIR CONDITIONING).
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER (DATE)

| | |
|---|---|
| PERMIT FEE | RECEIPT NO. |
| PLAN CHECK FEE | CHECK NO. |
| TOTAL FEE | OTHER |

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY |
|---|---|---|
| | | |

SITE PLAN MUST BE INCLUDED WITH THIS APPLICATION

WHITE-INSPECTOR YELLOW-APPLICANT PINK-AUDITOR