



FIRE & EMS

Construction & Special Systems Permit

Permit # _____

ER: _____

Occupancy ID # _____

Date Entered _____

SUMMIT FIRE & EMS
For Inspections Call: 970-262-5215

Community Risk Division
PO Box 4910
0035 County Shops Road
Frisco, CO 80443
Main Line: 970-262-5100

(Project Name)

(Project Street Address) (City)

Contractor Name and Full Address:

(Phone)

(Contact Person) (Phone)

Contact person email:

PERMIT DESCRIPTION

_____ New Construction	_____ Other	_____ Fire Alarm System
_____ Tenant Finish	_____ Tent	_____ Sprinkler System
_____ Remodel	_____ Special Event	_____ Hood Extinguishing System

BUILDING DATA

Type of Construction	I	II	III	IV	V	N	1-Hour	F.R.
Occupancy Group	_____			Knox Box Required	Y	N		
Gross Square Footage	_____			Fire Flow Required	_____	gpm		

FEES

Type of Work	Required		Assessed Value or # of Devices	Fee
Fire District Construction Permit	Y	N	_____	_____
Fire Alarm System	Y	N	_____	_____
Sprinkler System	Y	N	_____	_____
Hood System	Y	N	_____	_____
Stand Pipe System	Y	N	_____	_____
Tent/Canopy	Y	N	_____	_____
Other	Y	N	_____	_____

Application Accepted By: _____	Plans Reviewed By: _____	Issuance Approved By: _____
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NOTICE: For all inspections please call the number listed above 48 hours in advance.

Separate Permits are required by the Building Department

This permit becomes null and void if work is not commenced within 180 days or if work is suspended or abandoned for a period of 180 days. This permit is not transferable and any change in use, occupancy, operation, or ownership shall require a new permit.

Signature of Applicant _____ Permit Expiration Date _____
(Print Name): (Date) (Phone #):

Check # _____ Receipt # _____ Accepted By: _____