

Coal Creek Canyon Fire Protection District
Plan Review Application – Fire Sprinkler Suppression Permit

PO Box 7187 Crescent Branch ▪ Golden, CO 80403

Phone: 303-642-3121 ▪ Fax: 303-642-1652

CCCFFPD@aol.com ▪ www.coalcreekcanyonfd.org

CCCFFPD USE ONLY

Date Received _____ CCCFFPD Permit Number _____
 Date Reviewed _____ Date of Final _____

Suppression Contractor Information

DFS Reg. Number _____ (Must be current to 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

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 (CCCFFPD Use Only)

Plan Review: No Exceptions Exceptions (See plan review report)

Date _____ Plan Examiner _____ Certification # _____

Underground Test: Passed? Y N N/A

Date _____ Witnessed By _____ Title _____

Rough-In Inspection: No Exceptions Exceptions (Use back for multiple/phased inspections)

Date _____ Inspector _____ Certification # _____

Re-inspection Needed? Y N Reason _____

Final Inspection / Test: No Exceptions Exceptions Reason _____

Date _____ Inspector _____ Certification # _____