



Commercial Kitchen System Permit Application

This form must be completed and attached to the front of plans

Initial Review Re-Review Overtime Review Revision

Company Name: _____

Project Name: _____

Project Address: _____

Contact Person: _____

Company Phone: _____ Fax Number: _____

E-mail Address: _____

System Information:

Hazard Protected: Commercial Cooking Other: _____
Is the System: New Existing
Scope of Work: New Installation Modify Existing Replacement
Type of System: Wet Dry Other _____

Information to be provided on the plans:

CSFD Plan Review Number Equipment Data Sheets
 Project address Device Legend
 Designer Address Narrative Scope of
 Work Plans, Calculations, Cut Sheets signed sealed by RME
 Project is within the City of Colorado Springs Fire Jurisdiction

I attest the above information is provided and accurate; I understand my plans will not be reviewed if any of the items were not provided.

Signature: _____

THIS PLAN IS READY FOR PICK-UP

APPROVED/APPROVED AS CORRECTED
 DISAPPROVED/WITHDRAWN

FEES DUE: _____

Reviewer: Withee Taylor Peterson Other _____

Comments: _____

Please do not call our office regarding plan review comments until after pickup and review by your office.

Plan Review Status/Comments available online
at: http://springsgov.com/units/fire/Prevent/PlansReview/FPS_WebFPS.asp

**** All plans remaining in our office more than 30 days will be discarded as abandoned**

