



Special Hazard 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:

Type of Agent: Dry Chemical Carbon Dioxide Clean Agent Water Mist

Type of System: Local Application Total Flooding

Does this submittal include Alarm & Detection components? Yes No

Hazard Protected: _____

Information to be provided on the plans :

- | | |
|---|--|
| <input type="checkbox"/> CSFD Plan Review Number | <input type="checkbox"/> Equipment Data Sheets |
| <input type="checkbox"/> Project address | <input type="checkbox"/> Device Legend |
| <input type="checkbox"/> Designer Address | <input type="checkbox"/> Narrative Scope of Work |
| <input type="checkbox"/> 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 DISAPPROVED/WITHDRAWN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**

