



# PLAN REVIEW AND CONSTRUCTION PERMIT APPLICATION

**(Please print all information clearly)**

|                  |           |
|------------------|-----------|
| Project name:    | Date:     |
| Project address: | Suite No: |

Type of project: New building \_\_\_\_\_ Tenant finish \_\_\_\_\_ Fire alarm \_\_\_\_\_ Sprinkler \_\_\_\_\_ (type) \_\_\_\_\_  
 Kitchen hood \_\_\_\_\_ Other type of review: \_\_\_\_\_

|                           |                       |             |
|---------------------------|-----------------------|-------------|
| Contact name:             | Title:                |             |
| Company name:             | Address:              |             |
| City, State, Zip:         | Telephone number:     | Fax number: |
| Project sqft.             | Valuation of project: |             |
| Email address: (required) |                       |             |

**Notice: The plan review process takes a minimum of ten working days from the date the plans are submitted.**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws governing this type of work will be complied with whether specified herein or not. The granting of a permit does not give authority to violate or cancel the provisions of any State, County, City or Special Jurisdiction laws regulating construction or the performance of construction, building, zoning, or applicable regulations.

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Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### Sign after completion of the plan review

I affirm that I am an authorized agent of \_\_\_\_\_ and that certain changes and corrections may be required in those plans which are acknowledged by my signature below; that by this acknowledgement and affidavit it is guaranteed that said corrections will be made in accordance with the current edition of the International Fire Code, as amended and adopted by the Town of Castle Rock Fire and Rescue Department or any other applicable code or standard pertaining to the work to be performed.

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Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### For Fire Department use only

|   |                   |      |              |              |
|---|-------------------|------|--------------|--------------|
| Project/Permit number:  | Date completed:   |      |              |              |
| Review by:  | Invoice number:   |      |              |              |
| Disposition: <input type="checkbox"/> Approved, <input type="checkbox"/> Approved subject to, <input type="checkbox"/> Denied |                   |      |              |              |
| If denied reason:   |                   |      |              |              |
| Date paid:  | Amount due / paid | Cash | Check Number | Received by: |