



CITY OF THORNTON FIRE DEPARTMENT

9500 Civic Center Drive
Thornton, Colorado 80229
303-538-7602
Fax 303-538-7660



PERMIT APPLICATION

PROJECT TITLE _____

PROJECT ADDRESS _____

PERMIT APPLICANT (contractor) _____

ADDRESS _____

PHONE # _____

EMAIL _____

LICENSE # _____

TYPE OF PERMIT

- | | |
|------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Automatic Fire Sprinkler System | <input type="checkbox"/> Tank Installation/Removal |
| <input type="checkbox"/> Kitchen Hood Extinguishing System | <input type="checkbox"/> Propane Exchange |
| <input type="checkbox"/> Spray Booth Extinguishing System | <input type="checkbox"/> Tent/Canopy |
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Bonfire/Open Burning |
| <input type="checkbox"/> Sprinkler System Monitoring | <input type="checkbox"/> Other |
| <input type="checkbox"/> Smoke Control System | _____ |

ADDITIONAL (project description, new system or alteration, date of burn, etc.)

Contractor's Total Valuation _____

I hereby certify that the above valuation is true and correct. I recognize that the approval of plans and specifications by the City of Thornton does not permit the violation of applicable building codes, fire codes, city ordinances, or state laws. I acknowledge my obligation to allow inspections during normal business hours, to request inspections as needed, and to pay all applicable plan review and permit fees imposed by the City of Thornton.

Signature: _____ Print Name: _____ Date: _____