Plan Review Application Plan Review

Pagosa Fire Protection District

Division of Fire Prevention 165 N. Pagosa Blvd. Pagosa Springs CO 81147 970-731-4191 Fax: 970-731-4194

Pagosa Fire Protection District Use Only
Date Submitted
Date Fee Received (if applicable)
Amount Received \$
Plan Examiner
Permit Number

Date SUBMIT PLANS & APPLICATION TO: firemarshal@pagosafire.com Allow 21 days for review after a complete submittal					
Project/Development Information	-	arter a complete suoi	mtai		
Project Name:					
Physical Address:					
City:					
Plan Submittal Type:					
1st Submittal	2nd Subm	nittal	3rd Submittal (See Fee Schedule)		
New Building	Tenant In	nprovements	Addition/Remodel		
Description of Work/Scope:					
Sq. Ft	# of Floors: Building Height:				
IBC Construction Type:	IBC (Occupancy Classifi	cation:		
Required with Submittal:					
Set of Plans - Hard Copy				ee: \$	
Set of Plans - PDF Electronic	Сору		•	σε. ψ	
All Pertinent Information					
Applicant Information: Contact P	erson:				
	Owner's Representative	Architect	Engineer	Contractor	
Plan Comments Returned To:					
Company Name:	Phone:				
Address:	Email:				
City:					
Owner Information: Property/Bus	siness Owner:				
Contact Person:					
Address:		Email:			
City:		_ Zip C	Code:		