



# Plan Review Application Paint Booth Suppression Permit

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 \_\_\_\_\_

**SUBMIT PLANS & APPLICATION TO: [pfpdfiremarshal@pagosafire.com](mailto:pfpdfiremarshal@pagosafire.com)**

*Allow 21 days for review after a complete submittal*

Date \_\_\_\_\_  
Manufacturer's Dealer Registration Number: \_\_\_\_\_ (Must Be Current)  
System Contractor: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Email: \_\_\_\_\_

**Plan Review to be Returned to:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Plan Submittal:**

1st Submittal	2nd Submittal	3rd Submittal (See Fee Schedule)
<b>Installation Type:</b> New Install	Addition/Alteration	Retrofit

**Required with Submittal:**

- Cover letter indicating scope and description of project
- PDF and hard copy of plans submitted
- Product specifications (PDF copy with specific products highlighted or indicated is acceptable)

**Calculated Fee:**

\$250.00 X number of spray booth suppression systems in the facility = Total \$ \_\_\_\_\_

**Project Details:**

Project/Site Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Bldg./Suite/Floor: \_\_\_\_\_  
Project Installer/Supervisor: \_\_\_\_\_ On-Site Phone: \_\_\_\_\_  
System Designed by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Project General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Building/Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_