



EATON FIRE PROTECTION DISTRICT
50 SOUTH MAPLE AVENUE
EATON, CO 80615
970-454-2115 * EATONFIRE.ORG

Date: _____

Project No. _____

PLAN REVIEW APPLICATION FORM

TYPE OF PLANS SUBMITTING: _____

Total square footage: _____ Project Name: _____

Project Address: _____

PROPERTY OWNER INFORMATION:

Name: _____

Address: _____
Street Address City State Zip Code

Phone: _____ Email: _____

CONTRACTOR, SUB-CONTRACTOR OR PROJECT MANAGER INFORMATION:

Name: _____

Address: _____
Street Address City State Zip Code

Phone: _____ Email: _____

Plan Review applications shall include all items listed below for the proposed project and submitted electronically via email to fireinspector@eatonfire.org or in person.

___ Completed Application Form ___ Stamped Project Plans ___ Material Cut Sheets ___ Water Flow Test
Systems Designers Recognized Qualifications (IE PE, NICET): _____
Installers Recognized Qualifications (IE CSA or State): _____

All correspondence will only be sent to the owner's authorized representative. It is the sole responsibility of the representative to redistribute correspondence to the owner and other applicable parties, i.e., engineers, architects, surveyors, attorneys, consultants, etc.

I hereby depose and state under the penalties of perjury that all statements, proposals, and/or plans submitted with (or contained within) the application are true and correct to the best of my knowledge.

Signature: Owner or Owner's Authorized Representative*

Date

*Proof of owner's authorization may be required with submittal if signed by Owner's Authorized Representative

Application Fee:\$ _____ (Please refer to Plan Review and Permit Fee Schedule and submit check to address listed above)

EFPD only-Application Received by: _____ Application Received Date: _____