



**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: \_\_\_\_\_