



Date:

Time:

Fire Sprinkler System Permit

625 Ute Avenue, Grand Junction, CO 81501 Office: 970.549.5800 Fax: 970.549.5850 Email: fire@gjcity.org
Website: www.gjcity.org/FirePrevention.aspx

***PLEASE COMPLETE ALL OF BLUE AREA**

Project Address: _____ City: _____ State: _____ Zip Code: _____

Project Name: _____

Project Scope of Work: _____

Contact Name: _____ Contact Number: _____

Contractor Information

Company's Colorado Division of Fire Safety Registration #: _____ (Must be Current for Review)

Company: _____ Business Number: _____

Business Email: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone Number: _____

Plan Designer Name: _____ NICET# & Level _____ PE# & State _____

Project Information

Square Footage (Entire Structure): _____ Square Footage (Scope of Work): _____ Number of Stories (Entire Structure): _____

Building Construction Type Per IBC V-B II-B III-B V-A IV III-A II-A

Occupancy Type Per IBC: (check all that apply to structure)

Assembly A-1 A-2 A-3 A-4

Business Office B

Educational E

Factory / Industrial F-1 F-2

High Hazard H-1 H-2 H-3 H-4 H-5

Institutional / Day Care I-1 I-2 I-3 I-4

Mercantile / Retail M

Residential R-1 R-2 R-3 R-4

Storage / Warehouse S-1 S-2

Utility / Miscellaneous U

Fire Sprinkler Installation Type: New Addition Alteration Tenant Finish

Type of Sprinkler System: NFPA 13 NFPA 13R NFPA 13D Limited Area
 Wet Dry Pre-action Other _____

No. of Risers: _____ Square Footage Per Riser: _____ No. of Heads per Riser: _____

Standpipe: Yes No Wet Dry

Fire Pump: Yes No Other _____
 Electric Diesel

High Piled Combustible Storage: Yes No

Flammable or Combustible Liquids: Yes No

Hazardous Materials: Yes No

Owner's Certificate Attached: Yes No (Required for all new systems and change of occupancies or building use)