

West Metro Fire Protection District

433 S. Allison Pkwy.
Lakewood, CO 80226
Phone: 303.989.4307
www.westmetrofire.org



West Metro
Fire Rescue

Medical Gas Permit Application

| APPLICANT INFORMATION | | | | |
|--|---------------------------------------|---------------------------------------|--|---------------------------------------|
| Company Name: | | Contact Person: | | |
| Project Name/Tenant: | | | | |
| Project Address: | | | | |
| City: | State: | ZIP Code: | | |
| Phone: | Email: | | | |
| Design Professional: | | | Phone: | |
| Email: | | | | |
| PROJECT INFORMATION (CHECK ALL THAT APPLY) | | | | |
| Type of Building: | <input type="checkbox"/> New Building | | <input type="checkbox"/> Existing Building | |
| Type of Work: | <input type="checkbox"/> New System | | <input type="checkbox"/> Modify/Repair Existing System | |
| Design Standard(s): | <input type="checkbox"/> 2009 IFC | <input type="checkbox"/> 2012 IFC | <input type="checkbox"/> 2015 IFC | <input type="checkbox"/> 2018 IFC |
| | <input type="checkbox"/> 2009 NFPA 99 | <input type="checkbox"/> 2012 NFPA 99 | <input type="checkbox"/> 2015 NFPA 99 | <input type="checkbox"/> 2018 NFPA 99 |
| System Category: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Description of Work: | | | | |
| SUBMITTAL INFORMATION TO PROVIDE (NOT AN ALL-INCLUSIVE LIST) | | | | |
| <input type="checkbox"/> Construction plans and documents shall be complete and of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail compliance with the applicable codes, standards and amendments. | | | | |
| <input type="checkbox"/> Detail Floor Plan Including Gas Room Details | | | | |
| <input type="checkbox"/> Written Scope of Work | | | | |
| <input type="checkbox"/> Equipment Data Sheets | | | | |
| <input type="checkbox"/> Copies of Active ASSE 6010 Photo Certification and Active Brazing Certification of Installer | | | | |
| <input type="checkbox"/> I, the applicant, verify that plans have been fully <u>unlocked</u> and <u>unsecured</u> at the time of plan submittal. | | | | |
| BY SIGNING BELOW, I CERTIFY THAT: | | | | |
| I have thoroughly read and understand all information on this Permit Application and that all information supplied is true and correct to the best of my knowledge. | | | | |
| I understand that Construction Plans and Documents shall be complete and of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail compliance with the applicable codes, standards and amendments. If this is not the case, my plans may be rejected and a re-submittal fee may be assessed. | | | | |
| Review and approval by the Fire Code Official shall not relieve the applicant of the responsibility of compliance with applicable codes, standards and amendments. | | | | |
| **Both "Corrected" and "Revised" plans that are submitted for further review shall be placed back in the queue in the order they were received. They will no longer be given preference over newly submitted projects . Corrected and Revised plans could also be subject to additional fees.** | | | | |
| Signature of Applicant: | | | | Date: |

Plan review comments and status regarding projects are available by logging in to your contractor portal at www.mobile-eyes.com/PA_Index.asp?Submit=Logon . Oct-18