

# West Metro Fire Protection District

433 S. Allison Pkwy.  
Lakewood, CO 80226  
Phone: 303.989.4307  
[www.westmetrofire.org](http://www.westmetrofire.org)



West Metro  
Fire Rescue

## Medical Gas Permit Application

**\*\*NEW INFORMATION – PLEASE READ\*\***

**\*\*A West Metro Fire Rescue New Building or Tenant Improvement permit SHALL be approved, issued and paid for PRIOR to any required deferred submittal reviews for that project\*\***

**\*\*NO field work of any kind shall be allowed without an approved permit and stamped plans on site. Work performed without a permit may be assessed an additional fee.\*\***

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:				
<p><input type="checkbox"/> <b>After Hour Review (\$240.00 fee in additional to standard review fee) *this is the only expedited plan review service offered at this time*</b></p> <p><b>*Qualifications for this review type will be determined by the intake person and you will receive a status log notification after acceptance via Mobile Eyes if your project meets the qualifications set forth by the reviewers. This review type is accepted on a case by case basis that will be dependent on project size or device count (whichever is applicable)*</b></p>				
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				
<p><input type="checkbox"/> <b>I, the applicant, verify that plans have been fully <u>unlocked</u> and <u>unsecured</u> at the time of plan submittal.</b></p>				
<b>BY SIGNING BELOW, I CERTIFY THAT:</b>				
<p><b>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.</b></p> <p><b>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.</b></p> <p><b>Review and approval by the Fire Code Official shall not relieve the applicant of the responsibility of compliance with applicable codes, standards and amendments.</b></p>				
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](http://www.mobile-eyes.com/PA_Index.asp?Submit=Logon) . Feb-20