



# BENNETT FIRE PROTECTION DISTRICT

DISTRICT OFFICE: 303-644-3572 FAX: 303-644-3401

EMAIL: BUREAUDIVISION@BENNETTFIREFIRESCUE.ORG

*"Striving to Preserve Life and Property"*

## FIRE SERVICE APPLICATION

Date: \_\_\_\_\_

Application Type: \_\_\_\_\_ Operational Permit \_\_\_\_\_ Construction Permit \_\_\_\_\_ Development  
 \_\_\_\_\_ Plan Review \_\_\_\_\_ Fire Inspection \_\_\_\_\_ Apparatus \_\_\_\_\_ Fire Personnel

### Applicant Information:

(All Boxes Are Mandatory and Must Be Completed)

|                               |             |                           |  |
|-------------------------------|-------------|---------------------------|--|
| <b>Contractor/Individual:</b> |             | <b>Primary Contact:</b>   |  |
| <b>Address:</b>               |             | <b>Secondary Contact:</b> |  |
| <b>City:</b>                  | <b>Zip:</b> | <b>County:</b>            |  |
| <b>Phone:</b>                 | <b>Fax:</b> | <b>Email:</b>             |  |

### Project/Event/Operation Information:

(All Boxes Are Mandatory and Must Be Completed)

|                                |                    |                           |  |
|--------------------------------|--------------------|---------------------------|--|
| <b>Project/Business/Event:</b> |                    | <b>Primary Contact:</b>   |  |
| <b>Address:</b>                |                    | <b>Secondary Contact:</b> |  |
| <b>City:</b>                   | <b>Zip:</b>        | <b>County:</b>            |  |
| <b>Phone:</b>                  | <b>Fax:</b>        | <b>Email:</b>             |  |
| <b>Occupancy Code:</b>         | <b>Total SqFt:</b> |                           |  |

- *Project/Event Date(s): Start \_\_\_\_\_ End \_\_\_\_\_ (Include month, day and year)*
- *Project/Event Hours: Start \_\_\_\_\_ a.m./p.m. End \_\_\_\_\_ a.m./p.m.*
- *Description of project, event or intended operation(s) for which authorization, acceptance and/or permit is requested: \_\_\_\_\_*

*Estimated Total Cost of Project, Event or Operation:*  
 \$ \_\_\_\_\_

- *Is there a General Contractor or other Responsible Party for this project, event or operation other than as listed above? YES / NO*
- *If YES, please provide information below:*

|                               |             |                           |  |
|-------------------------------|-------------|---------------------------|--|
| <b>Contractor/Individual:</b> |             | <b>Primary Contact:</b>   |  |
| <b>Address:</b>               |             | <b>Secondary Contact:</b> |  |
| <b>Phone:</b>                 | <b>Fax:</b> | <b>Email:</b>             |  |
| <b>City:</b>                  | <b>Zip:</b> | <b>County:</b>            |  |

- *Are there any subcontractors and/or other outside companies or individuals to be used for this project, event or operation? YES / NO*

- *If YES, please provide (attach) a list of all business/individual names, contact names, phone, fax, and email, as well as, a description of each company/person scope of services and responsibilities relating to the above project, event or operation.*

**Submittals:**

*Submittals where required, shall include two (2) sets of any and all documents, including but not limited to; engineered drawings, plat plans, site plans, scope of services, sequence of operations, product info., technical data, etc. Submittals shall be attached as part of this application. All submittals must also be made in computer based PDF format to BureauDivision@BennettFireRescue.org*

*Submittals Attached? YES / NO*

*If YES, please list the type and/or service/operation (i.e fire alarm system-remodel; tent-site plan):*

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**Additional Requirements/Request:**

- *Is Fire Apparatus required and/or requested? YES / NO (Fees may apply)*
- *If YES, please provide specific purpose, dates, times and locations:*

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- *Is Stand-By Fire Personnel required and/or requested? YES / NO (Fees may apply)*
- *If YES, please provide specific purpose, dates, times and locations:*

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**Fees and Codes:**

*In accordance with Resolution No. 2004-6 the District has adopted special services, plan review and inspection fees for certain inspection, administrative and other services to be performed by the District.*

*In accordance with Resolution No. 2003-3 the District has adopted development fees and the collection thereof for any new residential, commercial and industrial development within the District.*

*See referenced Fee Schedule(s) where applicable.*

*In accordance with Resolution No. 2016-5 the District has adopted and shall enforce where applicable the 2012 International Fire Code and other related Codes and Standards contained therein (i.e. National Fire Protection Association (NFPA), Underwriters Laboratories (UL), Etc.). The District also has the authority to enforce other such Codes and Standards as may be adopted or recognized by other Authorities Having Jurisdiction (AHJ) including local, state, national and governmental agencies. This may include, but shall not be limited to, Building Code, Mechanical Code, and Electrical Code.*

**Payment and Signature:**

Plan Review/Inspection Fees: \$ \_\_\_\_\_ (Due at time of application)  
Permit Fees: \$ \_\_\_\_\_ (Due upon receipt of permit)  
Misc. Inspection Fees: \$ \_\_\_\_\_ (Due at time of application)  
Apparatus, Manpower, Admin Fees: \$ \_\_\_\_\_ (Due at time of service)  
\*Development Fees: **Sq. Ft.** \_\_\_\_\_ \$ \_\_\_\_\_ (Due upon application approval)

**TOTAL: \$ \_\_\_\_\_ (Check or Money Order Only)**

\*Development Fees: A) \$1,500.00 per residential lot OR residential unit in a multi-family zone district, motel, hotel or other multi-unit residential building.  
B) \$0.72 per gross square foot of construction of each new commercial or industrial building.

**NOTE:** It shall be the applicants' responsibility to review and pay the appropriate fees and amounts for which the application is being considered. Failure to correctly record and/or pay for the required fees will result in a reassessment and possible rejection of the application. Fee Schedules are available in the District office. Make checks payable to: Bennett Fire Protection District No. 7

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Print / Title

\_\_\_\_\_  
Date

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**(Bennett Fire Protection District No. 7 Use Only)**

Fees Required? YES / NO Amount: \$ \_\_\_\_\_

Payment Received? YES / NO Amount: \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Received By: \_\_\_\_\_ In Person \_\_\_\_\_ U.S Mail \_\_\_\_\_ Email

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_  
BFPD No.7 Representative

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Payment Received? YES / NO Amount: \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Received By: \_\_\_\_\_ In Person \_\_\_\_\_ U.S Mail \_\_\_\_\_ Email

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_  
BFPD No.7 Representative