File Number:	
--------------	--



Palisade Fire Department 175 East 3rd Street Palisade, CO. 81526 Office: 970-434-464-4745 • Fax: 970-434-5347

cbalke@townofpalisade.org
BUSINESS PERMIT APPLICATION
Please Complete All Area(s)

ALL information below to be completed by applicant

ALL	information below to	be completed by a	ppiicant		
Project Name:					
Project Address:	City:	Zip Code:			
Scope of Work:					
Contractor Information					
Contact Name:	I	Business Number:			
Company:	F	mail:			
Address:	Ci	ty:			
State: Zip Code:					
Project Information (Entire Structure) Sq. Footage: (Entire Structure) # of stories:		of Work) Sq. Footag	re:		
Building Construction Type Per IBC:	7-B □ II-B □ III	-В 🗌 V-А 🔲	IV 🗌 III-A 📗	II-A	
Occupancy Type Per IBC (check all that app	oly to structure)				
Assembly A-1 A-2 Business Office B Educational E Factory / Industrial F-1 F-2 High Hazard H-1 H-2	☐ A-3 ☐ A-4	Institutional / Da Mercantile / Ret Residential Storage / Wareh Utility / Miscella	ail	☐ I-2 ☐ I-3 ☐ R-2 ☐ R-3 ☐ S-2	☐ I
Fire Sprinkler System: Fire Alarm System: Type of Work: Fully Sprinkle Fully Alarmed Tenant Finish	l Partia	lly Sprinklered lly Alarmed t Finish – Exterior	Not Sprinklere Not Alarmed Building- Add	ed lition 🗌 Building-	New
Office Use Only	PFD Revie	w Comments			
Plan Review By: Created 04/2018	Da	te:	Revi	iew Fee: \$	