



**Colorado Department of Public Safety  
Division of Fire Prevention and Control**

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**BUILDING PERMIT SUBMITTAL WORKSHEET**

Questions – From the 2015 IBC

GENERAL INFORMATION REQUIRED FOR PROJECT APPROVAL: USE THIS WORKSHEET TO VERIFY THAT ALL ITEMS IN THE PROJECT HAVE BEEN ADDRESSED, ALL JURISDICTIONS HAVE BEEN NOTIFIED, ALL APPLICABLE ITEMS AND INFORMATION HAVE BEEN SUBMITTED

|                          |  | NEW<br>STRUCTURE | EXISTING<br>STRUCTURE |
|--------------------------|--|------------------|-----------------------|
| <input type="checkbox"/> | <b>HAS THIS PROJECT BEEN SUBMITTED TO THE LOCAL FIRE DEPT.?</b><br>Local Fire Department Notified: _____ Date Notified: _____<br>Address, Phone Number, and Contact Person: _____                        |                  |                       |
| <input type="checkbox"/> | OCCUPANCY CLASSIFICATIONS? (Chap. 3) IBC<br>(Any Fire Barriers ) (Sec. 707) & (Table 707.3.10) IBC   |                  |                       |
| <input type="checkbox"/> | TYPE OF CONSTRUCTION? (Chap. 6) IBC  |                  |                       |
| <input type="checkbox"/> | METHOD OF STRUCTURE FIRE-PROTECTION? (If Required) 1 Hr. Lay-In Ceiling Sys <input type="checkbox"/> Type X-Gyp. <input type="checkbox"/>  |                  |                       |
| <input type="checkbox"/> | Spray On <input type="checkbox"/> Intumescent Paint <input type="checkbox"/> Sprinkler <input type="checkbox"/>  |                  |                       |
| <input type="checkbox"/> | SQUARE FOOTAGE? (Actual) ,(Chap. 5) & (Table 506.2) IBC  |                  |                       |
| <input type="checkbox"/> | ANY FIRE WALLS? (2, 3, or 4-Hr.) (Sec. 706 IBC)<br>* (Locate On The Floor Plan)  |                  |                       |
| <input type="checkbox"/> | NUMBER OF FLOORS / LEVELS? (Chap. 5) & (Table 504.4) IBC   |                  |                       |
|                          | + Basement? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                  |                       |
| <input type="checkbox"/> | CORRIDORS = 1-Hour Fire-Rated? (Sec. 1020.1) (Sec. 708) IBC  |                  |                       |
| <input type="checkbox"/> | NON FIRE-RATED CORRIDORS?  |                  |                       |
| <input type="checkbox"/> | * FIRE SPRINKLER SYSTEM? Yes <input type="checkbox"/> No <input type="checkbox"/> (Chap. 9 IBC)<br>* Note: Sprinklers required for schools over 12,000 Sq. Ft. (Sec. 903.2.2)                            |                  |                       |
| <input type="checkbox"/> | FIRE ALARM SYSTEM? (A = Sec. 907.2.1) & (E = Sec. 907.2.3) IBC   |                  |                       |
|                          | + Are Horns & Strobes Provided Throughout? Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/><br>*Emergency voice alarm systems as required (See Section 907.2.3) |                  |                       |
| <input type="checkbox"/> | SMOKE DETECTION? Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/>   |                  |                       |
| <input type="checkbox"/> | MAXIMUM EXITING DISTANCE? (Sec. 1017) & (Table 1017.2) IBC   |                  |                       |
| <input type="checkbox"/> | IS THERE AN ELEVATOR? (Chap. 30 IBC) New <input type="checkbox"/> Existing <input type="checkbox"/>  |                  |                       |
| <input type="checkbox"/> | TYPE OF H.V.A.C. SYSTEM?   |                  |                       |
|                          | Damper Locations: + Fire Dampers @   |                  |                       |
|                          | + Smoke Dampers @  |                  |                       |
|                          | + Combination Fire / Smoke @   |                  |                       |
| <input type="checkbox"/> | RETURN AIR? Ducted Return <input type="checkbox"/> Return Air Plenum* <input type="checkbox"/><br>* Return Air is Not Allowed In Any Exit Corridor (Sec. 601.2 IMC)                                      |                  |                       |
| <input type="checkbox"/> | STRUCTURAL FLOOR & CRAWL SPACE OR SLAB ON GRADE?   |                  |                       |
| <input type="checkbox"/> | WAS A TOILET FIXTURE STUDY CONDUCTED? (Chap. 29 IBC)   |                  |                       |
| <input type="checkbox"/> | HANDICAPPED ACCESSIBLE? (Chap. 11 IBC)   |                  |                       |
| <input type="checkbox"/> | MISCELLANEOUS / SPECIAL CONDITIONS?  |                  |                       |

NOTES: