



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

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Sign off for Local Authorities Having Jurisdiction

Written evidence of compliance with local codes must be obtained prior to scheduling a final inspection by this department. Contact the local, city or county official in your area and have the director or designee sign below upon completion of the project. The signed form must be returned to the address listed above.

SECTION A: TO BE COMPLETED BY THE APPLICANT

Name of Facility: _____

Address: _____

Scope of Project: _____

Name of Contact Person: _____ Phone: (_____) _____

PURPOSE OF APPLICATION: (Check all that apply)

New Construction – Number of Current Beds: _____ Number of Proposed Beds: _____

Addition of Square Footage – Number of Current Beds: _____ Number of Proposed Beds: _____

Secured/Locked Facility – Number of Secured Beds: _____ Type of Locking: _____

Renovation of Building – Number of Current Beds: _____ Number of Proposed Beds: _____

SECTION B: TO BE COMPLETED BY THE CITY/COUNTY BUILDING DEPARTMENT/OFFICIAL

Building Department having Jurisdiction: _____

Adopted Building Code & Edition: _____

As the Building Official it is our determination that the above property would be classified as a(n)
_____ occupancy use.

Are any known code deficiencies still outstanding for the above addressed building based on this occupancy classification? YES NO (If "yes" please explain on a separate attachment.)

Prior Occupancy use of building: _____ Last/Known Construction Type of Building: _____ (_____)

Construction Height of building: _____ Occupant Load of building: _____

Secured/Locked Facility – Type of Locking: _____ Last/Known number of Beds: _____

Name of Official: _____ Phone: (_____) _____

Signature: _____ Date: _____

SECTION C: TO BE COMPLETED BY THE LOCAL FIRE DEPARTMENT/OFFICIAL

Fire Department having Jurisdiction: _____

Adopted Fire Code & Edition: _____

Based on any work permitted and completed through the Fire Department, are any known code deficiencies outstanding for the above addressed building?
 YES NO NOT APPLICABLE (If "yes" please explain on a separate attachment.)

Based on periodic code compliance inspections by the Fire Department, are any known code deficiencies outstanding for the above addressed building?
 YES NO (If "yes" please explain on a separate attachment.)

Name of Official: _____ Phone: (_____) _____

Signature: _____ Date: _____