



File Number: \_\_\_\_\_

### Lower Valley Fire Protection District

168 North Mesa, Fruita CO. 81521

Office: 970-858-3133 Fax: 970-858-7620

lowervalleyfire.com

### CLEARANCE PERMIT

Please Complete All Area(s)

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

#### Contractor Information

Contact Name: \_\_\_\_\_ Business Number: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Project Information

(Entire Structure) Sq. Footage: \_\_\_\_\_ (Scope of Work) Sq. Footage: \_\_\_\_\_ (Entire Structure) # of stories: \_\_\_\_\_

Building Construction Type Per IBC:  V-B  II-B  III-B  V-A  IV  III-A  II-A

Occupancy Type Per IBC (check all that apply to structure)

- |                      |                              |                              |                              |                                   |                          |                              |                              |                              |                              |
|----------------------|------------------------------|------------------------------|------------------------------|-----------------------------------|--------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Assembly             | <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4      | Institutional / Day Care | <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 |
| Business Office      | <input type="checkbox"/> B   |                              |                              |                                   | Mercantile / Retail      | <input type="checkbox"/> M   |                              |                              |                              |
| Educational          | <input type="checkbox"/> E   |                              |                              |                                   | Residential              | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 |
| Factory / Industrial | <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 |                              |                                   | Storage / Warehouse      | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 |                              |                              |
| High Hazard          | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4/ H-5 | Utility / Miscellaneous  | <input type="checkbox"/> U   |                              |                              |                              |

- Fire Sprinkler System:**  Fully Sprinklered  Partially Sprinklered  Not Sprinklered  
**Fire Alarm System:**  Fully Alarmed  Partially Alarmed  Not Alarmed  
**Type of Work:**  Tenant Finish - Interior  Tenant Finish – Exterior  Building- Addition  Building- New

#### Office Use Only

#### LVFD Review Comments

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Plan Review By: \_\_\_\_\_ Date: \_\_\_\_\_ Review Fee: \_\_\_\_\_

970-858-3133

## Hazardous Material and Activity Review - IFC 2018

Complete this form and attach it to your plan submittal for Building Permit Clearance. Describe the scope of work. Include the hazardous materials and/or activity and impact to your scope of work. Identify all Construction Set Plan Sheet(s) for each "Yes" response.

**Attach a Hazardous Material Inventory Statement (HMIS) (Chemical Inventory) for each "Yes" response associated with the material or activity.** Report quantities: Liquid = gallons; Gases = cubic feet; Solids = pounds.

The report shall be prepared by a qualified, competent person, firm or corporation approved by the fire official. Completed form and attachments shall be attached to all Building Permit Clearance construction plan submittals.

Date \_\_\_\_\_

Facility Name	Address	Phone
Owner/Operator Name	Email	Phone
Representative & Company		
Completing Form	Email	Phone

IS THE MATERIAL/ACTIVITY PRESENT OR PROPOSED?	YES OR NO	PLAN SHEET #
<b>BUILDING SERVICES AND SYSTEMS</b>		
Generator w fuel supply: Diesel, LP Gas, Natural Gas	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Energy Systems (Storage, emergency, standby, Solar Photo-Voltaic)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Refrigeration Machinery Room or Flammable Refrigerants	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Powered Industrial Truck or Equipment (ex. forklift, cleaning equip.): liquid/gaseous fuel	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Commercial Kitchen Cooking Oil Storage: used/waste oil	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<b>SPECIAL OCCUPANCIES AND OPERATIONS</b>		
High Piled Combustible Storage (attach commodity list)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Distillery, Brewery, Winery (alcohol by volume (ABV) > 16% and ABV < 16%)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Electronics Manufacturing	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

File Number: \_\_\_\_\_

IS THE MATERIAL/ACTIVITY PRESENT OR PROPOSED?	YES OR NO	PLAN SHEET #
Swimming Pool or Spa	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Metal Plate or Etch	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Oil and Gas Industry	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Hemp or Cannabis Grow/ Extraction/ Processing	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Laboratories (educational, R&D)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Carbon Dioxide for Beverage Dispensing or other use	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Ozone/Oxygen Generation	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Aviation Facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Dry Cleaning	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Combustible Dust or Fiber Production	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Flammable Finishes (Spray Paint, Dipping, Powder Coat)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Fruit & Crop Ripening	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Fumigation and Insecticidal Fogging	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Semiconductor Fabrication	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Lumber Yard and Woodworking	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Manufacture of Organic Coatings	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Industrial Ovens	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Motor Fuel-Dispensing and Repair Garages	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Plan Review By: \_\_\_\_\_ Date: \_\_\_\_\_ Review Fee: \_\_\_\_\_  
Revised 12/2017

IS THE MATERIAL/ACTIVITY PRESENT OR PROPOSED?	YES OR NO	PLAN SHEET #
Medical Gas (oxygen, nitrogen, nitrous oxide, carbon dioxide, other)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Tire Rebuild and/or Tire Storage	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Welding and other Hot Work	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Reinforced Plastic or Fiberglass Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Other: Please specify _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Other: Please specify _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

HAZARDOUS MATERIALS			YES OR NO	
Aerosols	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Highly Toxic and Toxic Materials	Yes <input type="checkbox"/> No <input type="checkbox"/>
Combustible Fibers (or dust)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	LP Gases	Yes <input type="checkbox"/> No <input type="checkbox"/>
Compressed Gases	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Organic Peroxides	Yes <input type="checkbox"/> No <input type="checkbox"/>
Corrosive Materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Oxidizers, Oxidizing Gases and Cryogenic Fluids	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cryogenic Fluids (nitrogen, argon, oxygen, hydrogen etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pyrophoric Materials	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explosives and Fireworks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pyroxylin Plastics	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flammable and Combustible Liquids	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unstable Reactive Materials	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flammable Gases and Flammable Cryogenic Fluids	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Water-Reactive Solids and Liquids	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flammable Solids	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**SCOPE OF WORK AND PLAN SUBMITTAL**

Describe the scope of work and operation. Include the hazardous materials and/or activity and impact to your scope of work. Identify all Construction Set Plan Sheet(s) for each "Yes" response.

Attach additional pages if needed. **Attach a Hazardous Material Inventory Statement (HMIS) (Chemical Inventory) for each "Yes" response.**