

Plan Review Application Food Truck

PAGOSA
COLORADO

Pagosa Fire Protection District

Division of Fire Prevention

165 N. Pagosa Blvd. Pagosa Springs CO 81147

970-731-4191 Fax: 970-731-4194

FIRE
RESCUE

Pagosa Fire Protection District Use Only

Date Submitted _____

Date Fee Received (if applicable) _____

Amount Received \$ _____

Plan Examiner _____

Permit Number _____

SUBMIT PLANS & APPLICATION TO: firemarshal@pagosafire.com

Date _____

Allow 21 days for review after a complete submittal

Project Details:

Project/Business Name: _____

Primary Contact: _____ Phone: _____

Truck/Trailer Address: _____

City: _____ Zip Code: _____

Plan Submittal Type:

1st Submittal

2nd Submittal

3rd Submittal (See Fee Schedule)

Installation Type:

New Install

Addition/Alteration

Retrofit

Description of Work/Scope:

Required with Submittal:

Electronic PDF

Product specifications (PDF copy with specific products highlighted or indicated is acceptable)

Calculated Fee:

\$150.00 per truck/trailer

Total \$ _____

Applicant Information:

Name: _____

Physical Address: _____ Bldg./Suite/Floor: _____

Phone : _____

Email: _____

Project General Contractor: _____ Phone: _____

Email : _____

Building/Business Owner: _____ Phone: _____

Email: _____