

File Number: _____

De Beque Fire Protection District
4580 Frontage Road De Beque, CO 81630
Office: 970-283-8632 Fax: 970-283-5533
Debequefire.org

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

DBFD Review Comments

Plan Review By: _____ Date: _____ Review Fee: _____
Revised 4/2021

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 #
BUILDING SERVICES AND SYSTEMS		
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"/>	_____
SPECIAL OCCUPANCIES AND OPERATIONS		
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 4/2021

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.**
