



De Beque Fire Protection District

4580 Frontage Road

De Beque Colorado

T (970)283-8632 F (970)283-8632

CARBON DIOXIDE (CO₂) GAS ENRICHMENT SYSTEMS IN PLANT GROWING (HUSBANDRY) APPLICATIONS PERMIT APPLICATION

THIS FORM SHALL BE COMPLETED AND SIGNED BY BUSINESS OWNER OR A REPRESENTATIVE OF THE PROPERTY OWNER APPLYING FOR THE PERMIT(S).

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP _____

PERMIT SITE ADDRESS: _____

CITY, STATE, ZIP _____

CONTACT'S NAME: _____

CONTACT'S PHONE NUMBER: _____ EMAIL: _____

INSTALLATION CONTRACTOR: _____

TYPE OF CO₂ SYSTEM (GAS SYSTEM/ BURNERS): _____

TOTAL # AND SIZE OF CYLINDERS/ CONTAINERS: _____

TOTAL QUANTITY (CUBIC FEET) OF CO₂GAS ON SITE: _____

LOCATION OF CO₂ GAS STORAGE (PROVIDE DIAGRAM): # OF AREAS _____

(CHECK ALL THAT APPLY)

INDOOR____ OUTDOOR____ ENCLOSED ROOM____ ABOVE GRADE____ BELOW GRADE____

NUMBER AND DESCRIPTION OF CO₂ ENRICHMENT ROOMS (PROVIDE FLOOR PLAN): _____

I UNDERSTAND THAT DE BEQUE FIRE PROTECTION DISTRICT PERSONNEL WILL CONDUCT A SITE INSPECTION AND IF THE INSTALLATION DOES NOT COMPLY WITH APPLICABLE CODES, THE PERMIT MAY BE REVOKED.

SIGNATURE: _____ DATE: _____

Printed Name: _____