



PERMIT APPLICATION

West Douglas County Fire Protection District
4037 Platte Ave
Sedalia, Co 80135
303-688-6055

Permit Number: _____

Type of Permit: Operational _____ Construction or Remodel _____

Date of Application: _____

Location of Work: _____

Owner Name: _____

Owner Address: _____

Business/Tenant Name: _____

Contractor Name: _____

License Number: _____

Phone Number: _____ Cell Phone: _____ Fax: _____

E-Mail: _____

Description of Work:

Valuation: _____

I certify that all the information listed herein is accurate, to the best of my knowledge, and understand that any misrepresentation of facts on this application may result in revocation of any permit.

Print Name: _____

Signature of Applicant: _____