



Hazardous Materials Operational Permit Invoice Windsor Severance Fire Rescue-Life Safety Division



Please remit payment to:
Windsor Severance Fire Rescue
100 N. 7th Street • Windsor • Colorado • 80550
970-686-2626

Business Name

Business Phone Number

Physical Address (Street, City, State, Zip)

Billing Address (if different than Physical Address)

*****PAYMENT IS DUE UPON RECEIPT OF THIS INVOICE *****

PERMIT TYPE	# of units	fee per unit	PERMIT TYPE	# of units	fee per unit
Combustible Dust Producing Operations Grain elevator, feed mill or pulverizing operations, or other processes that produce combustible dusts.		\$200.00	High-Piled Combustible Storage To use any building or portion thereof as a high-piled storage area exceeding 500 square feet		\$200.00
Compressed/Medical Gas Facility		\$200.00 per unit	Liquefied Propane Gas (LPG) Portable Tank Exchange System		\$200.00 per 36 cylinders
Cryogenic Fluid Facility Storage/production/dispensing of any amount		\$200.00 per tank	Liquefied Propane Gas (LPG) Bulk Storage/Dispensing		\$200.00 per unit
Explosive Storage / Blasting Permit Storage/production/use of any amount		\$200.00 per site	Spraying and/or Dipping Operations Includes operation of paint spray booths		\$200.00 per booth
Flammable or Combustible Liquid Storage Tank Removal or Installation		\$200.00 per tank	Welding and/or Cutting (hotwork)		\$200.00
Hazardous Materials: Storage, Dispensing and/or Production		\$200.00 per unit	Other (specify):		\$
After Hours Inspections – Minimum Two (2) Hours: Any permit inspections occurring before or after normal business hours of 7am to 5pm, Monday through Friday, or any time on weekends. Fee shall be doubled if the inspection occurs on a holiday.				\$75.00 per hour	\$
TOTAL COST OF PERMIT(S)					\$

Hazardous Materials Permits are required by the International Fire Code, as adopted by Windsor Severance Fire Rescue within the towns of Windsor and Severance, and within unincorporated Weld County. All permits are issued for 12 months unless otherwise specified and require a fire safety inspection.

Notes from Applicant about Permit: _____

Applicant or Responsible Person (please print)

Title

Signature

Applicant Phone Number

OFFICE USE ONLY

Date of Inspection	Inspector	Permit #
Date Permit Issued	Permit Valid Dates thru	Payment Received