

**Loveland Rural Fire Protection District
Fire & Rescue/Community Safety Division
Rural Building Permit or Fire Protection Permit Application**

Counter

E-Mail

Fax

Mail

Job Name & Site Address:		Date: _____
Valuation (total cost of materials & labor): \$ _____ Sq. Ft. _____		
Contractor: _____		Phone: _____
Email: _____		
CONTACT NAME: _____		
<input type="checkbox"/> Tenant Finish or Improvement <input type="checkbox"/> New Building or Building Addition <input type="checkbox"/> Commercial Wet Fire Sprinkler System <input type="checkbox"/> Commercial Wet Chemical System <input type="checkbox"/> Commercial Dry Chemical System <input type="checkbox"/> Commercial Fire Alarm System <input type="checkbox"/> Residential Wet Fire Sprinkler System <input type="checkbox"/> Residential Fire Alarm System		
Do Not Write Below This Line		
Staff Notes:		Permit Information
		Permit Fee: _____ Plan Check: _____ Use Tax: _____ Fire Insp: _____
		TOTAL: _____
Inspection Date: _____ AM PM Inspection Comments: _____		Permit # _____ Recd. By: _____ Date: _____

Additional Information _____