

City of Loveland  
Fire & Rescue/Community Safety Division  
Fire Alarm/Sprinkler Permit Application

☐ Counter      ☐ E-Mail      ☐ Fax      ☐ Mail

<b>Job Name &amp; Site Address:</b> _____		<b>Date:</b> _____
<b>Valuation (total cost of materials &amp; labor): \$</b> _____		
<b>Contractor:</b> _____		<b>Phone:</b> _____
<b>Email:</b> _____		<b>Fax No:</b> _____
<b>CONTACT NAME:</b> _____		
<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		
<b>Do Not Write Below This Line</b>		
<b>Staff Notes:</b>          		<b>Permit Information</b>  <b>Permit Fee:</b> _____ <b>Plan Check:</b> _____ <b>Use Tax:</b> _____ <b>Fire Insp:</b> _____  <b>TOTAL:</b> _____
<b>Inspection Date:</b> _____ <b>AM PM</b>  <b>Inspection Comments:</b>          		<b>Permit #</b> _____  <b>Recd. By:</b> _____  <b>Date:</b> _____

**Additional Information** \_\_\_\_\_