

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

Counter

E-Mail

Fax

Mail

Job Name & Site Address:		Date: _____
Valuation (total cost of materials & labor): \$		
Contractor:		Phone: _____
		Fax No: _____
Email: _____		
CONTACT NAME: _____		
<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 _____