Loveland Fire Rescue Authority
Community Safety Division
City of Loveland Fire Protection 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:_____

- ☐ **Sprinkler Backflow, Non-residential**
- ☐ **Commercial Wet Fire Sprinkler System**
- ☐ **Commercial Wet Chemical System**
- ☐ **Commercial Dry Chemical System**
- ☐ **Commercial Fire Alarm System**
- ☐ **Residential Fire Sprinkler System (1 or 2 family)**
- ☐ **Residential Fire Alarm System (1 or 2 family)**
- ☐ **Other** _____

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_____

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