



# Loveland Fire Rescue Authority School Building or Fire Protection 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>Sq. Ft.</b> _____	
<b>Contractor/Applicant:</b> _____	<b>Phone:</b> _____
<b>Fax No:</b> _____	
<b>Email:</b> _____	
<b>CONTACT NAME:</b> _____	
<ul style="list-style-type: none"><li><input type="checkbox"/> Tenant Finish or Improvement</li><li><input type="checkbox"/> New Building or Building Addition</li><li><input type="checkbox"/> Commercial Wet Fire Sprinkler System</li><li><input type="checkbox"/> Commercial Wet Chemical System</li><li><input type="checkbox"/> Commercial Dry Chemical System</li><li><input type="checkbox"/> Commercial Fire Alarm System</li><li><input type="checkbox"/> Residential Fire Sprinkler System (1 and 2 family)</li><li><input type="checkbox"/> Residential Fire Alarm System (1 or 2 family)</li><li><input type="checkbox"/> Sprinkler Backflow, Non-residential</li><li><input type="checkbox"/> Other _____</li></ul>	

Do Not Write Below This Line

<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</b> <b>PM</b>  <b>Inspection Comments:</b> _____	<b>Permit #</b> _____  <b>Recd. By:</b> _____  <b>Date:</b> _____

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