



Loveland Rural Fire District Application Community Safety Division Building or Fire Protection Permit Application

Counter

E-Mail

Fax

Mail

Job Name & Site Address:		Date: _____
Valuation (total cost of materials & labor): \$		Sq. Ft.
Contractor/Applicant:		Phone: _____
Email: _____		Fax No: _____
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 Fire Sprinkler System (1 and 2 family) <input type="checkbox"/> Residential Fire Alarm System (1 or 2 family) <input type="checkbox"/> Sprinkler Backflow, Non-residential <input type="checkbox"/> 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 _____
