



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 _____		
<small>Do Not Write Below This Line</small>		
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 _____
