



City of Loveland Building
Permit Application
Residential New Construction
PERMIT NUMBER: _____



Application Type: _____

Address: _____

Subdivision: _____ Block: _____ Lot: _____

Owner Name: _____ Address: _____

Owner Phone: _____ Owner Email: _____

Contact Name: _____ Business: _____

Contact Phone: _____ Contact Email: _____

General Contractor Business Name: _____ City License # _____

General Contractor Name: _____ Valuation: _____

Electrical Contractor: _____ Sub-valuation: _____

Mechanical Contractor: _____ Sub-valuation: _____

Plumbing Contractor: _____ Sub-valuation: _____

Number of Bathrooms (1/2)	
Number of Bathrooms (3/4)	
Number of Bathrooms (Full)	
Number of Bedrooms-Basement Only	
Number of Bedrooms-Excluding Basement	
Number of Dwelling Units	
Number of Stories	
Number of 0.75in Water Meters	
1st Sq Ft	
2nd Sq Ft	
Basement Sq Ft (Finished)	
Basement Sq Ft (UnFinished)	
Structure Height (Ft)	
Sq Ft of Covered Deck Area	
Sq Ft of Uncovered Deck Area	
Electric Service Size Amps	
Electric Service Provider?	
What is the Energy Code Compliance Method?	
*If Prescriptive indicate R-Value for roof/walls/floor	
Number of Fireplaces/Pits-Gas	
Number of Fireplaces/Stoves-Wood	
Fire Protection of Floors Method	
Fully Sprinklered Type?	
Garage Sq Ft	
Garden Level Sq Ft	
Lot Size in Sq Ft	
Master Plan Number If Applicable	

Master Plan Name/Elevation	
Sq Ft of Patio Covered Area	
Sq Ft of Uncovered Patio Area	
Sq Ft of Covered Porch Area	
Sq Ft of Uncovered Porch Area	
Air Conditioning?	
What is the Type of Heat?	
Water Service Provider?	
Garage Type (ex: 2-car attached)	
Crawl Space Sf Ft	
Total New Square Footage of Project	
Affordable Housing?	
Work description:	

I certify this application is correct. I agree to perform the work described according to plans and specifications submitted and approved. I agree to comply with all city ordinances, state laws and building codes. Additionally, **I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES OR EXPENSES INCURRED FOR PLAN REVIEW, PERMITS, INSPECTIONS AND OTHER FEES ASSOCIATED WITH THIS APPLICATION. FAILURE TO PICK UP AND PAY FOR THIS PERMIT WITHIN 90 DAYS OF APPROVAL WILL RESULT IN THE APPLICATION BEING CLOSED AND THE PLAN CHECK FEES BEING ASSESSED. ALL FEES UNDER THIS APPLICATION THEN BECOME NULL AND VOID.** This application does not authorize any work within the right-of-way or curb cuts, contact Public Works at 970-962-2618.

_____		_____	
Signature		Date	

Office Use Only			
City Calculated Valuation: \$_____		PCF Due \$_____	
PCF Receipt Sent:_____		PCF Received: _____	
Entered by:_____Date: _____		PERMIT NUMBER: _____	