



## Non-Residential and Multi-Unit Dwelling New Construction Building Permit Submittal Checklist

***Please read the Submittal Instructions prior to completing this checklist.***

*All Non-Residential and Multi-Unit Dwelling building permit applications for new construction require a submittal a Site Development Plan application to the Current Planning Division for review and approval (along with an associated Site Work Permit) prior to building permit submittal. Concurrent Site Development Plan and Building Permit application reviews may be possible if approved by the City's Development Review Team.*

*Partial buildouts of new core and shell buildings or additions will not be permitted. A separate permit will be required for tenant finishes.*

**A complete application shall include the following information and must be submitted to [epplan-building@cityofloveland.org](mailto:epplan-building@cityofloveland.org):**

1. Copy of this document completed with a check-mark (✓) next to all items included in this check-in package with signature and phone number of applicant at bottom
2. Completed and signed application form
3. A set of Architectural/Structural/Engineering plan drawings. Drawings stamped, "Preliminary" or "Not for construction" will not be accepted. All drawings shall be no larger than 30x42.  
Drawing Set shall include:
  - a. Architectural plans
    - i. Floor plans (*with proposed square footages of uses*)
    - ii. Code analysis (*shown on plans, if not provide by separate document*)
    - iii. Design Criteria List:
      - Occupancy group
      - Type of Construction Classification
      - Location of property
      - Seismic Design Category
      - Design Loads
      - Structural systems
      - Square footage/Allowable floor area
      - Number of exits required/provided
      - Fire Sprinkler/Alarm systems
      - Height and number of stories
      - Occupant load
    - iv. Method of energy code compliance (*shown on plans, if not provide by separate document*)
  - b. Structural plans
    - i. Footing and foundation plans
  - c. Electrical plans and 1-lines (*XFMR to main panel including main disconnect, CT/PT can and/or meter socket. 1-line must specify that main disconnect and CT/PT can and/or meter socket are located on exterior of building. Existing metering equipment must be shown, along with any proposed changes to metering.*)
  - d. Mechanical/HVAC plans (*including mechanical equipment schedules*)
  - e. Plumbing plans

4. 11X17 detail showing tenant spaces. This is required for buildings proposing more than one occupiable space
5. Project manual (if applicable)
6. Structural calculations (if applicable)
7. Hazardous materials inventory with MSDS and quantities (if applicable)
8. Wastewater Discharge Survey (Separate Document, attached to this packet)
9. Electric Service Worksheet (Separate Document, attached to this packet)  
*NOTE: this document must be signed by a Power Division Field Engineer prior to submittal (contact 970-962-3561 for further information). An Electric Engineering Design Deposit may be required to be collected by the field Engineer prior to signature.*
10. Traffic Worksheet (Separate Document, attached to this packet)
11. Water meter size justification letter *(only required for water meters 1 1/2" and larger - signed and stamped. Contact 970-962-3709 for additional assistance).*
12. Cross-Connection/Backflow Prevention Questionnaire (Separate Document, attached to this packet)
13. Copy of Fort Collins-Loveland Water District, South Fort Collins Sanitation District, or Little Thompson Water District receipt if project is served by either agency. *This submittal can be deferred, but no applications will be approved without the required receipt.*
14. FEMA Floodplain Development Permit application (if applicable) *(Contact 970-962-2771 for additional assistance if your project is located within a floodplain).*
15. Historic Building Review Submittal (if applicable) (Separate Document, attached to this packet) *Required for all properties on the Loveland Historic Preservation Survey when full demolition, partial demolition, or relocation of the structure is being proposed. Contact 970-962-2745 for more information or to find out if your property is on the Survey.*
16. Check this box if you know you will be providing a separate submittal directly to the Loveland Community Safety Division.
17. Check this box if you know you will be providing a separate submittal directly to Larimer County Health and Environmental Services.

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Printed name of Applicant

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Phone number

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Signature of Applicant

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Date



City of Loveland  
Non Residential Building Permit Application  
Multi-Family

PERMIT NUMBER: \_\_\_\_\_

Application Type: \_\_\_\_\_

Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Proposed Name: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Business: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

General Contractor: \_\_\_\_\_ 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 Non-Res Electric Meters > 150 Amp	
Number of Bedrooms - Basement Only	
Number of Bedrooms - Excluding Basement	
Number of Dwelling Units	
Number of Stories	
Water Meter Size	
Number of Water Meters Existing/Proposed	
1st Sq Ft	
2nd Sq Ft	
3rd Sq Ft	
4th Sq Ft	
What is the Construction Type?	
Sq Ft of Covered Deck Area	
Sq Ft of Uncovered Deck Area	
Electric Service Size Amps	
Electric Service Volts	
Electric Service Provider?	
What is the Energy Code Compliance Method?	
# of Fireplaces/Pits - Gas	
# of Fireplaces/Stoves - Wood	
Fire Alarm?	
Fully Sprinklered Type?	
Acreage of Lot Size	

Lot Size in Sq Ft	
Attached Garage Sq Ft (Detached Garage Requires Separate Permit)	
Sq Ft of Covered Patio Area	
Sq Ft of Uncovered Patio Area	
Sq Ft of Covered Porch Area	
Sq Ft of Uncovered Porch Area	
Air Conditioning Type?	
What is the Type of Heat?	
Water Service Provider?	
Total New Square Footage of Project	
Narrative of Proposed Work:	

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 970-962-2516.

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Signature

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Date

Submit with all required documentation to  
[eplan-building@cityofloveland.org](mailto:eplan-building@cityofloveland.org)

## Attachment C Transportation Worksheet

This form must be completed and submitted when requesting a waiver of the TIS submittal and compliance requirements. This form is not required with building permit applications for residential projects proposing twelve dwelling units or less and no substantial access changes on a collector or arterial roadway.

Project Name: \_\_\_\_\_

Developer: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Property Legal Description (lot, block,  
subdivision)

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

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### **NON-RESIDENTIAL DEVELOPMENT:**

Provide the following information for all non-residential projects:

#### **A. Existing Use:**

1. Description of existing land use: (if none, proceed with Proposed Use)
  
2. Existing building area (square footage) for above use(s): (2)\_\_\_\_\_
3. Number of employees on site each day: (3)\_\_\_\_\_
4. Daily trip ends for employees [mult. line (3) by the number 4]: (4)\_\_\_\_\_
5. Number of customers on site each day: (5)\_\_\_\_\_
6. Daily trip ends for customers [multiply line (5) by the number 2] (6)\_\_\_\_\_
7. Number of vendors on site each day (include trash, ups, etc): (7)\_\_\_\_\_
8. Daily Trip Ends for vendors [mult. line (7) by the number 2]: (8)\_\_\_\_\_
9. Total Vehicular Daily Trip Ends [line (4) plus line (6) plus line (8)]: (9)\_\_\_\_\_
10. Source of trip generation data (provide one): ITE      business records      traffic engineer

personal estimate , other:

**documentation to support your data.**

**Email or provide**

11. Number of accesses existing onto the public street(s) from this property: \_\_\_\_\_
12. Number of pedestrians visiting the site each day: \_\_\_\_\_
13. Number of bicyclists visiting the site each day: \_\_\_\_\_
14. Do sidewalks exist along street(s) adjacent to the property? Yes\_\_\_ No\_\_\_
15. Are bike lanes existing (striped) along major collector or arterial street(s) adjacent to this property (on both sides of the street)? Yes\_\_\_ No\_\_\_ NA\_\_\_
16. Is the property adjacent to a major collector or arterial street as shown on the City's transportation plan? Yes\_\_\_ No\_\_\_

**B. Proposed Use:**

1. Description of proposed land use: \_\_\_\_\_
2. Proposed building area (square footage) for above use(s): (2)\_\_\_\_\_
3. Anticipate number of employees on site each day: (3)\_\_\_\_\_
4. Daily Trip Ends for employees [multiply line (3) by the number 4]: (4)\_\_\_\_\_
5. Anticipate number of customers on site each day: (5)\_\_\_\_\_
6. Daily trip ends for customers [multiply line (5) by the number 2]: (6)\_\_\_\_\_
7. Anticipate number of vendors on site each day: (7)\_\_\_\_\_
8. Daily Trip Ends for vendors [multiply line (7) by the number 2]: (8)\_\_\_\_\_
9. Total Daily Trip Ends [line (4) plus line (6) plus line (8)]: \_\_\_\_\_
10. Source of trip generation data (provide one): ITE business records traffic engineer  
personal estimate , other:  
**Email or provide documentation to support your data.**
11. Proposed number of accesses onto the public street(s) from this property (does NOT include any existing accesses proposed to remain for use): \_\_\_\_\_
11. Number of existing accesses proposed to remain and be used: \_\_\_\_\_
13. Number of pedestrians visiting the site each day: \_\_\_\_\_
14. Number of bicyclists visiting the site each day: \_\_\_\_\_
15. Are sidewalks proposed to be installed (or exist in good condition) along the street(s) adjacent to the property? Yes\_\_\_ No\_\_\_

16. Are bike lanes existing or proposed to be installed (to be striped with any required no parking signs installed) along major collector or arterial street(s) adjacent to this property (on both sides of the street)? Yes\_\_\_ No\_\_\_ NA\_\_\_
17. Is the property adjacent to a major collector or arterial street as shown on the City's 2030 transportation plan? Yes\_\_\_ No\_\_\_

If the total trip new trips, (that is the difference between the daily trip ends calculation for any existing use and the total daily trip ends calculated for the proposed use), is less than 200 and if peak hour and/or daily traffic counts demonstrate that the existing traffic plus the site generated traffic volumes are within the limits set by City Street Standards, the applicant may request a waiver of the Traffic Impact Study submittal requirements by signing below.

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Name

Date

CITY USE ONLY:

Full TIS Required:

Intermediate TIS Required:

TIS Waived:

By: \_\_\_\_\_

Date:



## CROSS-CONNECTION/BACKFLOW PREVENTION QUESTIONNAIRE

*If you are not sure of how to answer any of these questions or if you have concerns regarding this form please contact Cross-Connection Control Specialist at (970) 962 -3749 or [andy.tenbraak@cityofloveland.org](mailto:andy.tenbraak@cityofloveland.org)*

Name of Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact email: \_\_\_\_\_

Type of Facility (manufacturing, retail, office, restaurant, etc.): \_\_\_\_\_

☐ Commercial

☐ Industrial

☐ Multi-Family

☐ New Construction

☐ Remodel

1. Water is used at the Facility for:

A. Domestic consumption?

☐ YES

☐ NO

B. Food preparation?

☐ YES

☐ NO

C. Lawn irrigation?

☐ YES\*

☐ NO

- If yes, are there chemicals/fertilizers injected into the irrigation system?

☐ YES

☐ NO

D. Used water system (non-potable/reclaimed)?

☐ YES

☐ NO

E. Cooling Towers?

☐ YES\*

☐ NO

- If yes, is the water chemically conditions?

☐ YES

☐ NO

F. Chilled water system?

☐ YES

☐ NO

G. Heat Exchangers/Solar heating system?

☐ YES

☐ NO

H. Boilers

☐ YES\*

☐ NO

- If yes, is the water chemically conditions?

☐ YES

☐ NO

I. Steam generating system?

☐ YES

☐ NO

J. Fire protection system?

☐ YES\*

☐ NO

- If yes, what is the type of fire system?

☐ DRY

☐ WET

☐ CHEMICAL

- Are there any antifreeze legs?

☐ YES

☐ NO

- Is there a fire pump?

☐ YES

☐ NO

K. Manufacturing?

☐ YES

☐ NO

L. Processing?

☐ YES\*

☐ NO

- If yes, please describe: \_\_\_\_\_

2. Does the Facility require non- interrupted water service? ☐ YES ☐ NO

3. Is there another source of water to the Facility other than the service connection? ☐ YES\* ☐ NO

- If yes, please describe the source (well, cistern, etc...): \_\_\_\_\_

4. Is water pumped at the Facility for any purpose? ☐ YES ☐ NO

5. Does the Facility have Chemical or Hazard Waste Storage? ☐ YES ☐ NO

6. Is there any water-using devices/machinery at this site (other than typical plumbing fixtures)? ☐ YES\* ☐ NO

- If yes, please describe: \_\_\_\_\_



7. Will you have any of the following equipment within the Facility?

	Yes	No	Designed with a Backflow prevention device?
Beverage dispenser CO2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee urns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detergent dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking fountain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose bibb/threaded faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot tub/Jacuzzi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janitor sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap mixing equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# City of Loveand Historic Demo Submittal Checklist

All proposals must contain sufficient information for adequate review and documentation. Please supply the following information as it applies to your design proposal.

**Partial Demolition** – The dismantling, razing, or destruction of a portion of a building or structure, or the removal of architectural elements which define or contribute to the character of the structure.

**Total Demolition** – The dismantling, razing, or destruction of an entire building or structure.

## I. DEMOLITION (*Check box if completed*)

- | Y                        | N                        |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Is this a full demolition?  |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Provide description of structure, items or features to be removed from property exterior.                               |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Identify reasons for removing structure, items or feature.  |
| <input type="checkbox"/> | <input type="checkbox"/> | D. If this is a full demolition, submit photos of each elevation of the affected properties                                |
| <input type="checkbox"/> | <input type="checkbox"/> | E. If this is a partial demolition and will include new construction or replacement of features, please follow Section II. |

## II. NEW CONSTRUCTION OR REPLACEMENT (*Check box if completed*)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | A. Site plan drawn to scale.  |
| <input type="checkbox"/> | B. Scale drawing or construction document to include: <ul style="list-style-type: none"><li><input type="checkbox"/> Building elevation(s) showing proposed work;</li><li><input type="checkbox"/> Dimensions of existing building;</li><li><input type="checkbox"/> Dimensions of proposed work;</li><li><input type="checkbox"/> Notation of all changes to structure and features to be removed;</li><li><input type="checkbox"/> Proposed materials to be used.</li></ul> <b>(if plans are larger than 11"x17", submit one set of 11"x17" reductions)</b> |
| <input type="checkbox"/> | C. Photos of existing building and area of proposed work.   |
| <input type="checkbox"/> | D. Color sample(s) or chip(s) of proposed paint colors for features not already painted and/or new materials is helpful.  |

## V. ACKNOWLEDGMENT

I acknowledge this is a complete application, ready for Historic Preservation Commission review. Each information requirement (described above) has been checked off, as it applies to this proposal. I understand incomplete submittals will be returned to me for completion.

\_\_\_\_\_  
Signature of Person Submitting Package

\_\_\_\_\_  
Date of Submittal

\_\_\_\_\_  
Printed Name of Person Submitting Package

*If you have questions about completing this application, please call  
Community & Strategic Planning Staff at 970-962-2745 or 970-962-2721.*



# ELECTRIC SERVICE WORKSHEET - COMMERCIAL

☐ New Service      ☐ Upgrade Existing Service      ☐ Disconnect/Reconnect

**A completed form must be submitted with any permit application that includes electrical work.**

Please complete the following items on the checklist:

- ☐ Complete all sections of this form.
- ☐ Attach copies of the electrical one line drawing and power plan.
- ☐ Email [PowerDevelopment@cityofloveland.org](mailto:PowerDevelopment@cityofloveland.org) or called (970) 962-3561 to schedule an appointment for a site visit and review of this form.
- ☐ Submit payment/deposit to Water and Power. \*\*This payment is just for the Power Division construction costs, there are additional fees from the Building Division. If you are making a deposit, there may be additional charges for actual time and material.
- ☐ Take completed form signed by Distribution Designer to Building Division to file for permit.
- ☐ **Notify Dispatch 962-3581 at least 48 hours in advance to schedule Disconnect/Reconnect**

Contact Information	Electrical Contractor Information												
Name of Person Submitting Request: _____ Company Name: _____ Phone # _____ Email _____	<input type="checkbox"/> Same as Contact Information Company Name: _____ Contact Person: _____ Phone # _____ Email _____												
Customer Information	Billing Information												
Customer Name: _____ Mailing Address: _____ Phone # _____ Email _____	Bill To: _____ Mailing Address: _____ Phone # _____ Email _____												
Location Information													
Service Address: _____ Unit# _____ If this is part of a multi-occupancy building, give the building's entire address range: _____ <input type="checkbox"/> New Construction <input type="checkbox"/> Existing Structure <input type="checkbox"/> Addition to Existing Structure <input type="checkbox"/> Demolition    Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No													
<b>Type of work to be done (Required):</b> _____ _____													
Will temporary service be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No													
New Service Information	New Meter Information												
<input type="checkbox"/> N/A – Existing Service and Service Entrance will remain unchanged <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Overhead to Underground Voltage: _____ Service Terminates in: _____ Service Entrance Size: _____ Conductors/phase: _____ Conductor Size: _____ Conduits: Number _____ Size: _____	N/A – Existing Meters and Service will remain unchanged <b>For multi-occupancy buildings, tenant meters will only be installed for spaces being finished under this permit. Core &amp; Shell only projects will only receive a house meter on the C&amp;S permit.</b> Max. Potential # of Meters at Build Out: _____												
<b>Customer Fees</b> (Completed by Distribution Designer)	<b>Size and Number of New Meters Being Requested</b>												
Deposit \$ _____ <input type="checkbox"/> Bill for actuals Flat Fee \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr style="background-color: #00AEEF; color: white;"><th>Commercial Meters</th><th>Residential Meters</th></tr></thead><tbody><tr><td style="text-align: center;">_____ Ph _____ W _____ / _____ V</td><td style="text-align: center;">_____ Ph _____ W _____ / _____ V</td></tr><tr><td style="text-align: center;"><b>Number of Meters Needed:</b></td><td style="text-align: center;"><b>Number of Meters Needed:</b></td></tr><tr><td style="text-align: center;">_____ @ 200 Amps (or less)</td><td style="text-align: center;">_____ @ 200 Amps (or less)</td></tr><tr><td style="text-align: center;">_____ @ 400 Amps</td><td style="text-align: center;">_____ @ 400 Amps (Incl. CL320)</td></tr><tr><td style="text-align: center;">_____ @ _____ Amps</td><td style="text-align: center;">_____ @ _____ Amps</td></tr></tbody></table>	Commercial Meters	Residential Meters	_____ Ph _____ W _____ / _____ V	_____ Ph _____ W _____ / _____ V	<b>Number of Meters Needed:</b>	<b>Number of Meters Needed:</b>	_____ @ 200 Amps (or less)	_____ @ 200 Amps (or less)	_____ @ 400 Amps	_____ @ 400 Amps (Incl. CL320)	_____ @ _____ Amps	_____ @ _____ Amps
Commercial Meters	Residential Meters												
_____ Ph _____ W _____ / _____ V	_____ Ph _____ W _____ / _____ V												
<b>Number of Meters Needed:</b>	<b>Number of Meters Needed:</b>												
_____ @ 200 Amps (or less)	_____ @ 200 Amps (or less)												
_____ @ 400 Amps	_____ @ 400 Amps (Incl. CL320)												
_____ @ _____ Amps	_____ @ _____ Amps												

By signing and submitting this form, you acknowledge and agree to the City of Loveland Requirements for Electric Service (Available online and in person). These requirements apply to all new electric installations and additions to or modifications of existing electric installations.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Department of Water and Power**

Service Center • 200 North Wilson Avenue • Loveland, CO 80537  
(970) 962-3000 • (970) 962-3400 FAX • (970) 962-2620 TDD  
[www.cityofloveland.org](http://www.cityofloveland.org)

**INDUSTRIAL PRETREATMENT PROGRAM**  
Non-residential Wastewater Discharge Survey Form

**Please read the following**

The Department of Water & Power is required by Federal and State regulations to identify and locate all possible Industrial Users<sup>1</sup> which might be subject to the Pretreatment Program.

In accordance with City Code Section 13.10.607, the information requested in the attached survey must be submitted to evaluate if measures are necessary to protect the City's wastewater collection and treatment system and city staff from any adverse impact that may occur when certain wastes are discharged to the sewer system. Additional information may be requested.

This Survey must be signed by the individual described in Section VIII 1, 2, and 3. The Survey cannot be signed by the architect, contractor, engineer, plumber, etc. who does not meet the criteria stated in Section VIII.

Information and data provided in this questionnaire which identifies the content, volume, quality and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of information provided on this form shall be governed by procedures specified in Chapter 13.10.801 of the City of Loveland Municipal Code.

If you have any questions regarding this survey or requirements for discharging wastewater to the sewer system, contact the Pretreatment Program at [Pretreatment@CityofLoveland.org](mailto:Pretreatment@CityofLoveland.org) or 970-962-3000.

Return the survey to:

Department of Water & Power  
Pretreatment Program  
200 N Wilson Avenue  
Loveland, CO 80537

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<sup>1</sup> Industrial User is any non-residential customer that discharges to the City of Loveland sewer system.

**City of Loveland - Industrial Pretreatment Program**  
**Non-residential Wastewater Discharge Survey Form**

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This survey is created with a variety of businesses in mind. Respond to the survey to the best of your knowledge. If a part does not apply, mark with "N/A" to show it has been considered.

**Section I – General Information**

Local business name: \_\_\_\_\_

Doing business as (*if different than above*): \_\_\_\_\_

Loveland address: \_\_\_\_\_ Unit: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (*if different*): \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Is the business located in a common area where utilities are shared by multiple tenants (food court, shopping center, business complex, office building, etc.)? ☐ Yes ☐ No

If the business is owned by a state-wide or national company with offices outside of Loveland, provide contact information for the state or national office:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Property Owner (*if different than above*)

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section II – Business Operation**

When did/will the business begin operations at this location? \_\_\_\_\_

Type of Business (*check all that apply*):

☐ Sales (retail/wholesale) ☐ Service provider ☐ Repair (equipment, vehicles, etc.)

☐ Warehouse ☐ Storage ☐ Distribution facility ☐ Manufacture or Produce product

Other (specify): \_\_\_\_\_

Describe what will be sold, repaired, the type of service provided, products stored, distributed, manufactured, produced, or assembled: \_\_\_\_\_

Total daily hours of operation: \_\_\_\_\_ Number of Shifts: \_\_\_\_\_

Is this business involved in nanotechnology or use nanomaterial? ☐ Yes ☐ No

Check all activities at this location:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Assemble                   | <input type="checkbox"/> Food preparation             | <input type="checkbox"/> Plastic molding/forming   |
| <input type="checkbox"/> Anodizing                  | <input type="checkbox"/> Laboratory                   | <input type="checkbox"/> Powder coating            |
| <input type="checkbox"/> Barrel finishing/tumbling  | <input type="checkbox"/> Laundromat                   | <input type="checkbox"/> Printed Circuit Board Mfg |
| <input type="checkbox"/> Carpet/Upholstery cleaning | <input type="checkbox"/> Laundry, Comm./Ind.          | <input type="checkbox"/> Printing/Publishing       |
| <input type="checkbox"/> Chemical Etching/Milling   | <input type="checkbox"/> Laundry, Dry Cleaning        | <input type="checkbox"/> Research: _____           |
| <input type="checkbox"/> Chromating                 | <input type="checkbox"/> Leather tanning/finishing    | <input type="checkbox"/> Semi-conductor Mfg.       |
| <input type="checkbox"/> Coatings                   | <input type="checkbox"/> Machining                    | <input type="checkbox"/> Septic tank cleaning      |
| <input type="checkbox"/> Drum or barrel wash-out    | <input type="checkbox"/> Metal coloring               | <input type="checkbox"/> Silk Screening            |
| <input type="checkbox"/> Dye/Color (fabric, etc.)   | <input type="checkbox"/> Metal forming, molding, etc. | <input type="checkbox"/> Smelting                  |
| <input type="checkbox"/> Electroplating             | <input type="checkbox"/> Parts Washing/Degreasing     | <input type="checkbox"/> Stripping                 |
| <input type="checkbox"/> Electroless Plating        | <input type="checkbox"/> Passivating                  | <input type="checkbox"/> Tank Wash-out             |
| <input type="checkbox"/> Engraving                  | <input type="checkbox"/> Phosphating                  | <input type="checkbox"/> Vehicle cleaning/washing  |
| <input type="checkbox"/> Equipment cleaning/wash    | <input type="checkbox"/> Photo Develop/processing     | <input type="checkbox"/> Washdown (floor, etc.)    |

Other activities not listed (specify): \_\_\_\_\_

Is this business subject to any Categorical Pretreatment Standard listed at Title 40 of the Code of Federal Regulation Parts 405 - 471 (*see Attachment 1*)? If yes, identify Part(s): \_\_\_\_\_

**Section III** – Other than wastewater from restrooms provide a response to the following and include all other wastewater sources. Indicate if the volume is known (K) or estimated (E). Attach additional sheet if necessary.

Source	Not present	Discharge is to			Volume (gallons per day)	K or E
		Sanitary sewer	Storm sewer	Evaporated		
Air Scrubber, wet						
Boiler						
Cooling tower						
Decorative fountain						
Elevator						
Groundwater						
Loading dock drain						
Outside drain/trench						
Roof drain						
Sump pump						
Swimming pool						
Stormwater						

## Section IV – Chemicals and Other Substances

Place a mark in front of those that could be present in the wastewater discharged from the facility.

### Volatiles

- ☐ Acrolein
- ☐ Acrylonitrile
- ☐ Benzene
- ☐ Bromoform
- ☐ Carbon tetrachloride
- ☐ Chlorobenzene
- ☐ Chlorodibromomethane
- ☐ Chloroethane
- ☐ 2-chloroethylvinyl ether
- ☐ Chloroform
- ☐ Dichlorobromomethane
- ☐ 1,2-dichlorobenzene
- ☐ 1,3-dichlorobenzene
- ☐ 1,4-dichlorobenzene
- ☐ 1,1-dichloroethane
- ☐ 1,2-dichloroethane
- ☐ 1,1-dichloroethylene
- ☐ 1,2-dichloropropane
- ☐ 1,3-dichloropropylene
- ☐ Ethylbenzene
- ☐ Methyl bromide
- ☐ Methyl chloride
- ☐ Methylene chloride
- ☐ 1,1,2,2-tetrachloroethane
- ☐ Tetrachloroethylene
- ☐ Toluene
- ☐ 1,2-trans-dichloroethylene
- ☐ 1,1,1-trichloroethane
- ☐ 1,1,2-trichloroethane
- ☐ Trichloroethylene
- ☐ Vinyl chloride

### Acid Compounds

- ☐ 2-chlorophenol
- ☐ 2,4-dichlorophenol
- ☐ 2,4-dimethylphenol
- ☐ 4,6-dinitro-o-cresol
- ☐ 2,4-dinitrophenol
- ☐ 2-nitrophenol
- ☐ 4-nitrophenol
- ☐ p-chloro-m-cresol
- ☐ Pentachlorophenol
- ☐ Phenol
- ☐ 2,4,6-trichlorophenol

### Base/Neutral

- ☐ Acenaphthene
- ☐ Acenaphthylene
- ☐ Anthracene
- ☐ Benzidine

- ☐ Benzo(a)anthracene
- ☐ Benzo(a)pyrene
- ☐ 3,4-benzofluoranthene
- ☐ Benzo(ghi)perylene
- ☐ Benzo(k)fluoranthene
- ☐ bis(2-chloroethoxy)methane
- ☐ bis(2-chloroethyl)ether
- ☐ bis(2-chloroisopropyl)ether
- ☐ bis (2-ethylhexyl)phthalate
- ☐ 4-bromophenyl phenyl ether
- ☐ Butylbenzyl phthalate
- ☐ 2-chloronaphthalene
- ☐ 4-chlorophenyl phenyl ether
- ☐ Chrysene
- ☐ Dibenzo(a,h)anthracene
- ☐ 3,3'-dichlorobenzidine
- ☐ Diethyl phthalate
- ☐ Dimethyl phthalate
- ☐ Di-n-butyl phthalate
- ☐ 2,4-dinitrotoluene
- ☐ 2,6-dinitrotoluene
- ☐ Di-n-octyl phthalate
- ☐ 1,2-diphenylhydrazine (as azobenzene)
- ☐ Fluoranthene
- ☐ Fluorene
- ☐ Hexachlorobenzene
- ☐ Hexachlorobutadiene
- ☐ Hexachlorocyclopentadiene
- ☐ Hexachloroethane
- ☐ Indeno(1,2,3-cd)pyrene
- ☐ Isophorone
- ☐ Naphthalene
- ☐ Nitrobenzene
- ☐ N-nitrosodimethylamine
- ☐ N-nitrosodi-n-propylamine
- ☐ N-nitrosodiphenylamine
- ☐ Phenanthrene
- ☐ Pyrene
- ☐ 1,2,4-trichlorobenzene

### Pesticides

- ☐ Aldrin
- ☐ alpha-BHC
- ☐ beta-BHC
- ☐ gamma-BHC
- ☐ delta-BHC
- ☐ Chlordane
- ☐ 4,4'-DDT
- ☐ 4,4'-DDE
- ☐ 4,4'-DDD

- ☐ Dieldrin
- ☐ alpha-endosulfan
- ☐ beta-endosulfan
- ☐ Endosulfan sulfate
- ☐ Endrin
- ☐ Endrin aldehyde
- ☐ Heptachlor
- ☐ Heptachlor epoxide
- ☐ PCB-1242
- ☐ PCB-1254
- ☐ PCB-1221
- ☐ PCB-1232
- ☐ PCB-1248
- ☐ PCB-1260
- ☐ PCB-1016
- ☐ Toxaphene

### Metals and Other Pollutants

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Aluminum                   | <input type="checkbox"/> Antimony  |
| <input type="checkbox"/> Arsenic                    |                                    |
| <input type="checkbox"/> Barium                     | <input type="checkbox"/> Beryllium |
| <input type="checkbox"/> Boron                      | <input type="checkbox"/> Bromide   |
| <input type="checkbox"/> Cadmium                    |                                    |
| <input type="checkbox"/> Cobalt                     | <input type="checkbox"/> Chromium  |
| <input type="checkbox"/> Copper                     | <input type="checkbox"/> Cyanide   |
| <input type="checkbox"/> Fluoride                   |                                    |
| <input type="checkbox"/> Iron                       |                                    |
| <input type="checkbox"/> Lead                       |                                    |
| <input type="checkbox"/> Magnesium                  | <input type="checkbox"/> Manganese |
| <input type="checkbox"/> Mercury                    |                                    |
| <input type="checkbox"/> Molybdenum                 |                                    |
| <input type="checkbox"/> Nickel                     |                                    |
| <input type="checkbox"/> Nitrogen, Total Organic    |                                    |
| <input type="checkbox"/> Nitrate, Nitrite           |                                    |
| <input type="checkbox"/> Oil and Grease             |                                    |
| <input type="checkbox"/> Phenols                    |                                    |
| <input type="checkbox"/> Phosphorus                 |                                    |
| <input type="checkbox"/> Radioactivity              |                                    |
| <input type="checkbox"/> Selenium                   | <input type="checkbox"/> Silver    |
| <input type="checkbox"/> Sulfate                    |                                    |
| <input type="checkbox"/> Sulfide                    |                                    |
| <input type="checkbox"/> Sulfite                    |                                    |
| <input type="checkbox"/> Surfactants                |                                    |
| <input type="checkbox"/> Thallium                   |                                    |
| <input type="checkbox"/> Tin                        |                                    |
| <input type="checkbox"/> Titanium                   |                                    |
| <input type="checkbox"/> Zinc                       |                                    |
| <input type="checkbox"/> Dissolved solids           |                                    |
| <input type="checkbox"/> Suspended solid            |                                    |
| <input type="checkbox"/> pH equal to/less than 5.5  |                                    |
| <input type="checkbox"/> pH equal to/less than 11.0 |                                    |

#### Section IV (continued)

Place a mark in front of those that could be present in the wastewater discharged from the facility.

##### Toxic Pollutants

☐ Asbestos

##### Hazardous Substances

- ☐ Acetaldehyde
- ☐ Allyl alcohol
- ☐ Allyl chloride
- ☐ Amyl acetate
- ☐ Aniline
- ☐ Benzonitrile
- ☐ Benzyl chloride
- ☐ Butyl acetate
- ☐ Butylamine
- ☐ Captan
- ☐ Carbaryl
- ☐ Carbofuran
- ☐ Carbon disulfide
- ☐ Chlorpyrifos
- ☐ Coumaphos
- ☐ Cresol
- ☐ Crotonaldehyde
- ☐ Cyclohexane
- ☐ 2,4-D (2,4-Dichlorophenoxy acetic acid)
- ☐ Diazinon
- ☐ Dicamba
- ☐ Dichlobenil
- ☐ Dichlone
- ☐ 2,2-Dichloropropionic acid
- ☐ Dichlorvos
- ☐ Diethyl amine
- ☐ Dimethyl amine
- ☐ Dinitrobenzene
- ☐ Diquat
- ☐ Disulfoton
- ☐ Diuron
- ☐ Epichlorohydrin
- ☐ Ethion
- ☐ Ethylene diamine
- ☐ Ethylene dibromide
- ☐ Formaldehyde
- ☐ Furfural
- ☐ Guthion

- ☐ Isoprene
- ☐ Isopropanolamine Dodecylbenzenesulfonate
- ☐ Kelthane
- ☐ Kepone
- ☐ Malathion
- ☐ Mercaptodimethur
- ☐ Methoxychlor
- ☐ Methyl mercaptan
- ☐ Methyl methacrylate
- ☐ Methyl parathion
- ☐ Mevinphos
- ☐ Mexacarbate
- ☐ Monoethyl amine
- ☐ Monomethyl amine
- ☐ Naled
- ☐ Napthenic acid
- ☐ Nitrotoluene
- ☐ Parathion
- ☐ Phenolsulfanate
- ☐ Phosgene
- ☐ Propargite
- ☐ Propylene oxide
- ☐ Pyrethrins
- ☐ Quinoline
- ☐ Resorcinol
- ☐ Strontium
- ☐ Strychnine
- ☐ Styrene
- ☐ 2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)
- ☐ TDE (Tetrachlorodiphenylethane)
- ☐ 2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanoic acid]
- ☐ Trichlorofan
- ☐ Triethanolamine dodecylbenzenesulfonate
- ☐ Triethylamine
- ☐ Trimethylamine
- ☐ Uranium
- ☐ Vanadium
- ☐ Vinyl acetate
- ☐ Xylene
- ☐ Xylenol
- ☐ Zirconium

Any proprietary chemical products? ☐ Yes ☐ No

Check if any chemical or hazardous substance could be accidentally discharge to:

- ☐ On-site disposal system ☐ Storm drain ☐ to Ground ☐ Sanitary sewer
- ☐ Not applicable, no possible discharge to any of the above routes.



Any products that contain Nonylphenol<sup>2</sup>? ☐ Yes ☐ No

**Section V** – Provide a response to the following and include all other waste not shown (except for typical household/office type waste). Attach additional sheet if necessary.

Type of Waste	Estimated Quantity per month	Gallons (G) Pounds (P)	Yes (Y) or No (N)		
			On-site treatment	Discharged to sewer	Hauled off site
Acids & Alkalis					
Amalgam					
Inks and/or Dyes					
Oil & Grease (food grade)					
Oil & Grease (non-food grade)					
Fungicides, Herbicides, Pesticides					
Hazardous waste					
Pharmaceuticals					
Sand, sediment, dirt, mud, etc.					
Solvents/Thinners					
Sludge					

**Section VI – On-site Treatment** – List all wastewater treatment devices (such as amalgam separator, grease interceptor, sand/oil interceptor, waste oil tanks, filters, screens, containment chemical precipitation, or any other treatment devices) including the size and/or capacity of each.

Treatment Device	Size or Capacity (unit of measure)

**Section VII – Waste Hauler Information**

Name of Waste Hauler	Phone number	Type of Waste

<sup>2</sup> Nonylphenol may be found in detergents, cleaners, degreasers, dry cleaning aids, emulsifiers, wetting agents, adhesives, metalworking fluids, circuit board cleaners, oilfield chemicals, paints, coatings.

### Hazardous Waste Discharge Reporting Notification

The following notification is to inform your company/business of its obligations under Section 13.10.609 of the Loveland Municipal Code and Title 40 of the Code of Federal Regulation Section 403.12(p), [40 CFR 403.12(p)].

All Industrial User's<sup>3</sup> shall notify the City Pretreatment Program, the EPA Regional Waste Management Division Director, and State hazardous waste authorities in writing of any discharge into the sanitary sewer system of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR Part 261. Such notification must include the name of the hazardous waste as set forth in 40 CFR Part 261, the EPA hazardous waste number, and the type of discharge (continuous, batch, or other).

Contact the Pretreatment Program if you have questions or need a form to report hazardous waste to the sewer.

### **Section VIII – Survey Certification**

The following certification statement must be signed as indicated below (*check the applicable box*):

1. If the Industrial User is a corporation:
  - ☐ by the president, secretary, treasurer, or vice-president or any other person who performs similar policy- or decision-making functions for the corporation, or
  - ☐ by the manager if authorized to make management decisions which govern the operation of the facility and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
2. ☐ By a general partner or sole proprietor
3. ☐ By a duly authorized representative if the **authorization is made in writing** by the individual described in 1 or 2 above **that specifies** the individual having responsibility for the overall operation of the facility from which the Discharge originates or having overall responsibility for environmental matters for the company (refer to 40 CFR Part 403.12(1-3)).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

<sup>3</sup> Industrial User is any non-residential customer that discharges to the City of Loveland sewer system.

**Attachment 1 - List of Categorical Industries**  
(Title 40, Code of Federal Regulations, Parts 405-471)

<i><b>Industry Category</b></i>	<i><b>40 CFR Part</b></i>	<i><b>Industry Category</b></i>	<i><b>40 CFR Part</b></i>
Airport Deicing	449	Leather Tanning and Finishing	425
Aluminum Forming	467	Meat and Poultry Products	432
Asbestos Manufacturing	427	Metal Finishing	433
Battery Manufacturing	461	Metal Molding and Casting	464
Canned and Preserved Fruits and Vegetable Processing	407	Metal Products and Machinery	438
Canned and Preserved Seafood	408	Mineral Mining and Processing	436
Carbon Black Manufacturing	458	Nonferrous Metals Forming and Metal Powders	471
Cement Manufacturing	411	Nonferrous Metals Manufacturing	421
Centralized Waste Treatment	437	Oil and Gas Extraction	435
Coal Mining	434	Ore Mining and Dressing	440
Coil Coating	465	Organic Chemicals, Plastics and Synthetic Fibers	414
Concentrated Animal Feeding Operation	412	Paint Formulating	446
Concentrated Aquatic Animal Production	451	Paving and Roofing Materials	443
Construction and Development	450	Pesticide Chemicals Manufacturing, Formulating and Packaging	455
Copper Forming	468	Petroleum Refining	419
Dairy Products Processing	405	Pharmaceutical Manufacturing	439
Electrical and Electronic Components	469	Phosphate Manufacturing	422
Electroplating	413	Photographic	459
Explosives Manufacturing	457	Plastic Molding and Forming	463
Ferroalloy Manufacturing	424	Porcelain Enameling	466
Fertilizer Manufacturing	418	Pulp, Paper and Paperboard	430
Glass Manufacturing	426	Rubber Manufacturing	428
Grain Mills Manufacturing	406	Soaps and Detergents Manufacturing	417
Gum and Wood Chemicals	454	Steam Electric Power Generating	423
Hospital	460	Sugar Processing	409
Ink Formulating	447	Textile Mills	410
Inorganic Chemicals	415	Timber Products Processing	429
Iron and Steel Manufacturing	420	Transportation Equipment Cleaning	442
Landfill	445	Waste Combustor	444