

Prior to submittal of this application, please:

- 1.) Verify your contractor holds a valid City of Loveland contractor license prior to applying.
- 2.) If highlighted area is inapplicable, please put N/A
- 3.) Application must be signed by contractor or authorized signer listed on contractor license

Application Type:		
Job Site Address:		
General Contractor:	License #:	Phone:
Valuation: \$	Email :	
Electrical Contractor:	License #:	Phone:
Valuation: \$	Email :	
Mechanical Contractor:	License #:	Phone:
Valuation: \$	Email :	
Plumbing Contractor:	License #:	Phone:
Valuation: \$	Email :	
Owner Name:	Phone:	
Address:		
City:	State:	Zip:
Contact:	Phone:	Email:
Other: (Please explain)		
Work Description: (Please note if electrical meets minimum code requirements)		
OWNER/CONTRACTOR SIGNATURE OF UNDERSTANDING AND AGREEMENT I hereby certify that the setback distances proposed by this permit application are accurate and do not violate applicable ordinances, rules or regulations of the City of Loveland or covenants, easements or restrictions of record; that all measurements shown, and allegations made are accurate; that I have read and agree to abide by all conditions printed on this application and that I assume full responsibility for compliance with the City of Loveland building code and all other applicable City of Loveland ordinances for work under this permit. Plans subject to field inspection. PRINT NAME: _____ SIGNATURE: _____ DATE: _____		Permit #: _____ Received by: _____ Date: _____ Approvals: _____ Total Fees Due: \$ _____

Please e-mail this form and all supporting documents to eplan-buildingfasttrack@cityofloveland.org