



# City of Loveland

## Development Services Department

Building Division - 410 E 5th Street - Loveland, CO 80537

General Information (970) 962-2505

Inspection Line (970) 962-2100

### Residential Plumbing Fast Track Permit Application

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
4. Complete each required page of this application package and submit together

<b>Plumbing Application Type:</b>			
<b>Job Site Address:</b>			
<b>Plumbing Contractor:</b>		<b>License #:</b>	<b>Phone:</b>
<b>Valuation: \$</b>		<b>Email:</b>	
<b>Owner Name:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Permit Contact:</b>		<b>Phone:</b>	<b>Email:</b>
<b>Water Heater Upgrade</b>	<b>Gas Line Extension</b>	<b>Number of Feet</b>	<b>Serving</b>
<b>Existing BTU:</b> _____	<b>Work Description:</b>		
<b>New BTU:</b> _____			
<b>OWNER/CONTRACTOR SIGNATURE OF UNDERSTANDING AND AGREEMENT</b>			
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.			
<b>PRINT NAME:</b> _____			
<b>SIGNATURE:</b> _____		<b>DATE:</b> _____	
Please e-mail this form and all supporting documents to <a href="mailto:epplan-buildingfasttrack@cityofloveland.org">epplan-buildingfasttrack@cityofloveland.org</a>			

**Smoke detectors** shall be installed as per R314.2.2, Alterations, Repairs, and Additions: Where alterations, repairs or additions requiring a permit occur, the individual dwelling unit shall be equipped with smoke alarms located as required for new dwellings. Exceptions: installation, alteration or repairs of plumbing or mechanical systems.

**Carbon monoxide detectors** shall be installed per Colorado state law HB1091 revised statutes article 45: Where alterations, repairs or additions requiring a permit occur, the individual dwelling unit shall be equipped with carbon monoxide alarms located as required for new dwellings except, where Installation, alteration or repairs of mechanical systems are not fuel fired. Carbon monoxide alarms in dwelling units shall be installed outside of each separate sleeping area in the immediate vicinity of the bedrooms. Where a fuel-burning appliance is located within a bedroom or its attached bathroom, a carbon monoxide alarm shall be installed within the bedroom.

The alarm devices shall be interconnected in such a manner that the actuation of one alarm will activate all of the alarms in the individual dwelling unit. Physical interconnection of carbon monoxide alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm. Carbon monoxide alarms installed in accordance with Section R315.2.2 shall be permitted to be battery powered.



## Residential Gas Load Form

Code requirements of the 2021 International Residential Code (IRC), 2021 IMC, and the 2021 IFGC as adopted by the City of Loveland and its amendments. Please submit this form with your application to: [Eplan-BuildingFastTrack@cityofloveland.org](mailto:Eplan-BuildingFastTrack@cityofloveland.org)

Permit Number \_\_\_\_\_

Site Address \_\_\_\_\_

Incoming Gas Pressure \_\_\_\_\_

Purposed Gas Piping materials \_\_\_\_\_

**Table IFGC 402.4(2) or G2413.4(1) IRC must be used, unless documentation can be provided from the utility provider to prove otherwise.**

**Gas piping shall be sized in accordance with one of the following:**

1. Pipe sizing tables or sizing equations in accordance with Section 402(IFGC) as applicable.
2. The sizing tables included in a listed piping system's manufacturer's installation instruction.
3. Approved engineering methods.

### IDENTIFY ALL GAS-FIRED APPLIANCES ON THIS SYSTEM

Type of Gas Appliance	Quantity	BTU Load
Gas log fireplace		
Furnace		
Outdoor gas fire pit		
Dryer		
Outdoor Grill		
Pool Heater		
Range		
Tankless water heater		
Tank water heater		
Water heater (Primary heat source)		
Generator (gas pressure requirements for generator)		
Other (please specify)		

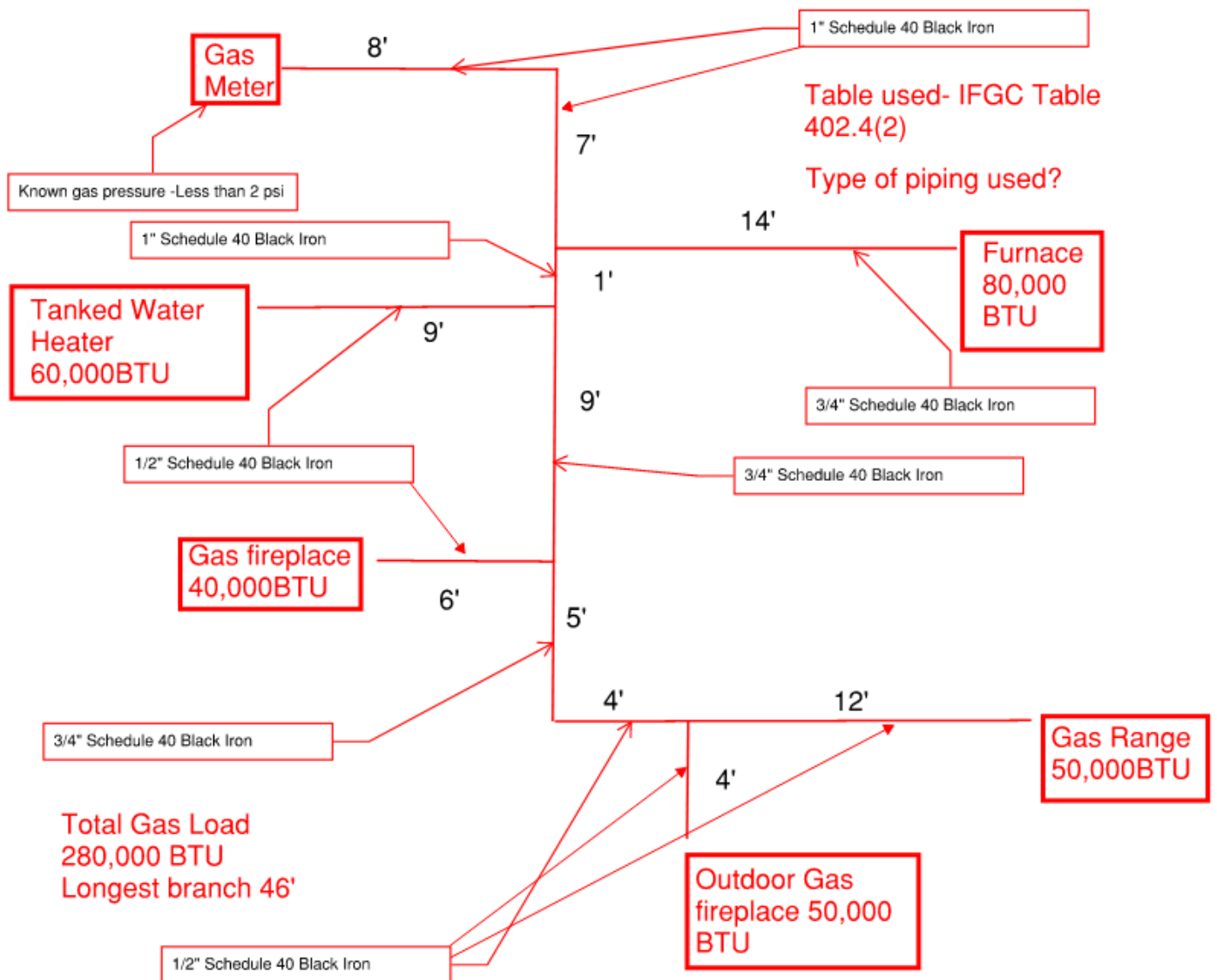
**Total Gas Load (BTU's):** \_\_\_\_\_

12-01-105, C.R.S., *Every single-family dwelling that includes either fuel-fired appliances or an attached garage, where, on or after July 1, 2009, interior alterations, repairs, fuel-fired appliance replacements, or additions, any of which require a building permit, occurs or where one or more rooms lawfully used for sleeping purposes are added shall have an operational carbon monoxide alarm installed within fifteen feet of the entrance to each room lawfully used for sleeping purposes or in a location as specified in any building code adopted by the state or any local government entity.*

A drawing of the proposed system must be submitted with the application. Please use the sample below as a guide. All gas system piping is assumed to be Schedule 40 Black Iron pipe unless noted otherwise.

Identify the meter location, as well as all appliance locations, types, and BTU loads, and the sizes and lengths of each piping section. If using more than one piping material, identify the proposed materials for each piping section.

### Gas Drawing Sample





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## Water Heater/Boiler/Furnace Exhaust Test Certification

**Job Site Address** \_\_\_\_\_ **Permit #** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **City License #** \_\_\_\_\_

<b>Replacement:</b>	Tank Type Water Heater	Tankless Water Heater
	High Efficiency Furnace	Boiler

**Size of Vent:** \_\_\_\_\_ **Length of exhaust vent:** \_\_\_\_\_

**Number of Connectors:** \_\_\_\_\_

**Cellular Core material in exhaust vent:**      yes      no

**Tested at:** \_\_\_\_\_ psi for \_\_\_\_\_ minutes

**Installer Name (print)** \_\_\_\_\_

**Installer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_