



**Loveland Fire Rescue Authority
Community Safety Division**

410 E. 5th Street | Loveland, CO 80537

Phone: 970-962-2537

Email: ePlan-fire@LFRA.org

APPLICATION FOR
Hazardous Materials
and Operational Permit

****PLEASE COMPLETE ALL SECTIONS****

Project Name: _____ Date: _____

Site Address: _____

Municipality: City of Loveland Town of Johnstown Unincorporated Larimer County

Contractor: _____ Phone: _____

Contractor Address: _____

Contact Name: _____ Email: _____

Permit Type (Check One.):	Work Description (Required):
<input type="checkbox"/> Carbon Dioxide (CO ₂) in Beverage Dispensing <input type="checkbox"/> Combustible Dust Producing Operation <input type="checkbox"/> Compressed/Medical Gas <input type="checkbox"/> Cryogenic Fluid Facility <input type="checkbox"/> Explosive Storage/Blasting Permit <input type="checkbox"/> Flammable or Combustible Storage Tank Removal or Installation <input type="checkbox"/> Hazardous Materials Storage/Dispensing/Production <input type="checkbox"/> Liquefied Propane Gas (LPG) Portable Tank Exchange <input type="checkbox"/> Liquefied Propane Gas (LPG) Bulk Storage/Dispensing <input type="checkbox"/> Spraying and/or Dipping Operations <input type="checkbox"/> Other _____	

Permit Information

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Permit Fee:	Permit Number:
Permit Issue Date:	Received By:
Permit Expiration Date:	Approved By:
Inspection Date:	Payment Received:

For More Information Visit: <https://lfra.org/180/Operational-Permits>