



**Loveland Fire Rescue Authority
Community Safety Division**
410 E. 5th Street | Loveland, CO 80537
Phone: 970-962-2537
Fax: 970-962-2912
Email: ePlan-fire@LFRA.org

APPLICATION FOR Building Permit and Fire Protection System Permit

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

Project Name: _____ Date: _____

Site Address: _____

Municipality: City of Loveland Town of Johnstown Unincorporated Larimer County

Valuation (Total Cost of Materials and Labor): _____

Contractor: _____ Phone: _____

Contact Name: _____ Email: _____

<p>Permit Type (Check one.):</p> <p><input type="checkbox"/> Sprinkler Backflow</p> <p><input type="checkbox"/> Commercial Wet Fire Sprinkler System</p> <p><input type="checkbox"/> Commercial Wet Chemical System</p> <p><input type="checkbox"/> Commercial Dry Chemical System</p> <p><input type="checkbox"/> Commercial Fire Alarm System</p> <p><input type="checkbox"/> Residential Fire Sprinkler System (1 or 2 family home)</p> <p><input type="checkbox"/> *New Building / Addition / Tenant Finish *(Outside City of Loveland)</p> <p><input type="checkbox"/> Other _____</p>	<p>Work Description (Required):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

<p>Contractor License:</p> <p>Review:</p> <p>Notified:</p> <p>Permit Picked Up:</p> <p>Plans Returned:</p> <p>Notes:</p>	<p style="text-align: center;">Permit Information</p> <p>Permit Fee:</p> <p>Impact Fee:</p> <p>Plan Check Fee:</p> <p>Use Tax:</p> <p>TOTAL:</p> <hr/> <p>Permit # _____</p> <p>Received By: _____</p> <p>Date: _____</p>
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