



City of Loveland
 Non Residential Building Permit Application
 New Building/Addition
 PERMIT NUMBER: _____

Building Division
 410 East 5th Street
 Loveland, Colorado
 970.962.2505

Application Type: _____
 Address: _____
 Subdivision: _____ Block: _____ Lot: _____
 Proposed Tenant Name: _____ Proposed Use/# of tenants: _____
 Existing Tenant Name: _____ Existing Use: _____
 Owner Name: _____ Address: _____
 Owner Phone: _____ Owner Email: _____
 Contact Name: _____ Business: _____
 Contact Phone: _____ Contact Email: _____
 General Contractor/license#: _____ Valuation: _____
 Electrical Contractor/license#: _____ Sub-valuation: _____
 Mechanical Contractor/license#: _____ Sub-valuation: _____
 Plumbing Contractor/license#: _____ Sub-valuation: _____

Number of Bathrooms (1/2)	
Number of Accessible Bathrooms (1/2)	
Number of Bathrooms (3/4)	
Number of Accessible Bathrooms (3/4)	
Number of Bathrooms (Full)	
Number of Accessible Bathrooms (Full)	
Number of Non-Res Electric Meters	
Number of Stories	
Water Meter Size	
Number of Water Meters Existing/Proposed	
1st Sq Ft	
2nd Sq Ft	
Basement Sq Ft (Finished)	
Basement Sq Ft (UnFinished)	
Air Conditioning Type?	
What is the Construction Type?	
Sq Ft of Uncovered Deck Area	
Sq Ft of Covered Deck Area	
Electric Service Volts	
Electric Service Size Amps	
Electric Service Provider?	
What is the Energy Code Compliance Method?	
Fire Alarm?	
Fully Sprinklered Type?	
Acreage of Lot Size	
Lot Size in Sq Ft	

What is the Occupancy Group?	
Occupant Load	
Sq Ft of Patio Uncovered Area	
Sq Ft of Covered Patio Area	
Sq Ft of Uncovered Porch Area	
Sq Ft of Covered Porch Area	
What is the Type of Heat?	
Water Service Provider?	
Total New Square Footage of Project	
Use Category	
Work description:	

All fields must be filled out completely. Incomplete applications will NOT be accepted through check-in. Please indicate if a question is not applicable to your project.

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.

Signature _____ Date _____

Submit with all required documentation to eplan-building@cityofloveland.org

Office Use Only	
City Calculated Valuation: \$ _____	PCF Due \$ _____
PCF Receipt Sent: _____	PCF Received: _____
Entered by: _____ Date: _____	PERMIT NUMBER: _____