



City of Loveland
 Non-Residential Building Permit Application
 Existing Building Interior Remodel/Tenant Finish

Building Division
 410 East 5th Street
 Loveland, Colorado
 970.962.2505

PERMIT NUMBER: _____

Application Type: _____

Address: _____

Proposed Tenant Name: _____ Proposed Use: _____

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)	
Air Conditioning Type?	
What is the Construction Type?	
Electric Meter Location	
Electric Service Volts	
Electric Service Size Amps	
Electric Service Provider?	
Number of Electric Meters Proposed/Existing	
Water Meter Size	
Number of Water Meters Proposed/Existing	
What is the Energy Code Compliance Method?	
Fire Alarm?	
Fully Sprinklered Type?	
Tenant Finish Occupancy Group (if multiple, state Sf for each type in work description)	
Occupant Load	
1 st Floor/ Mezzanine Sq Ft Finished Area	
1 st Floor/ Mezzanine Sq Ft Unfinished Area	
2 nd Floor/ Mezzanine Sq Ft Finished Area	
2 nd Floor/ Mezzanine Sq Ft Unfinished Area	
3 rd Floor/ Mezzanine Sq Ft Finished Area	
3 rd Floor/ Mezzanine Sq Ft Unfinished Area	
Tenant Finish Total Sq Ft	

What is the Type of Heat?	
Use Category	
Number of Rooms	
Drive Thru?	
Number of Units Being Finished	
Number of Units Proposed	
Number of Stories	
Provide a clear and complete 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: _____