



City of Loveland

Application for Detached Garage

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

General Information (970) 962-2505 * Inspection Line (970) 962-2100 * FAX (970) 962-2904



Address: _____

Owner Name: _____ **Owner Phone:** _____

Owner Email: _____

Owner Address: _____
 (Street) (City) (State) (Zip)

Contractor Name: _____ **License Number:** _____ **Phone:** _____

Project Contact Name: _____ **Preferred Phone:** _____

Project Contact e-mail: _____

		Number of Bedrooms:	Number of Bathrooms: Full- 3/4- 1/2-	
Fireplace N Y # _____ Fuel Type _____	Fire Pits N Y # _____ Fuel Type _____	Type of Heat: Gas Electric	Electric Service Size: Amps	Storage Shed (sf)
Basement (sf) Fin _____ Unfin _____	Garden Level (sf)	1st Floor (sf)	2nd Floor (sf)	3rd Floor (sf)
Garage (Detached/Attached) _____ s.f. - Car garage	Carport (Detached/Attached) _____ sf	Porch _____ sf (Roof? Y N) Roof _____ sf	Deck _____ sf (Roof? Y N) Roof _____ sf	Patio _____ sf (Roof? Y N) Roof _____ sf
Basement ceiling height _____		A/C Yes _____ No _____	City Calculated Valuation \$ _____	
Historical Eligibility: N Y Historical Register: N Y	Residential Fire Sprinkler System Y N Submit to Loveland Fire Prevention – 970-962-2536		Client Total Valuation \$ _____	
Describe Work/List Options:			Electrical Subcontractor _____ Valuation \$ _____ Mechanical Subcontractor _____ Valuation \$ _____ Plumbing Subcontractor _____ Valuation \$ _____	

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 970-962-2618.

Signature _____ **Date** _____ Received By _____ Date _____

Building Division Comments	Client notification:
Planning Division Comments	Application Number:

Only enter the information as it pertains to the specific work performed under this application.