



# City of Loveland Application for Demolition

Building Division \* 410 E 5th Street \* Loveland, CO  
80537 General Information (970) 962-2505  
Inspection Line (970) 962-2100



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                    |                                                                                   |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------|
| <b>Address:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                    |                                                                                   |                               |
| <b>Owner Name:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                                    | <b>Owner Phone:</b> _____                                                         |                               |
| <b>Owner Email:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                    |                                                                                   |                               |
| <b>Owner Address:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                                    |                                                                                   |                               |
| (Street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              | (City)                                             |                                                                                   | (State)                       |
| (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                    |                                                                                   |                               |
| <b>Contractor Name:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                    | <b>License Number:</b> _____                                                      | <b>Phone:</b> _____           |
| <b>Project Contact Name:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                    | <b>Preferred Phone:</b> _____                                                     |                               |
| <b>Project Contact e-mail:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                    |                                                                                   |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              | Number of Bedrooms:                                | Number of Bathrooms:<br>Full-                      3/4-                      1/2- |                               |
| Fireplace N   Y   # _____<br>Fuel Type _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fire Pits N   Y   # _____<br>Fuel Type _____ | Type of Heat:<br>Gas                      Electric | Electric Service Size:<br>Amps:                                                   | Storage Shed (sf)             |
| Basement (sf):<br>Fin _____ Unfin _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Garden Level (sf)                            | 1st Floor (sf)                                     | 2nd Floor (sf)                                                                    | 3rd Floor (sf)                |
| Garage: Detached<br>Attached<br>_____ sf<br>- Car garage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Carport: Detached<br>Attached<br>_____ sf    | Porch sf _____ (Roof? Y<br>N)                      | Deck sf _____ (Roof? Y<br>N)                                                      | Patio sf _____ (Roof? Y<br>N) |
| Roof sf: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              | Roof sf: _____                                     | Roof sf: _____                                                                    |                               |
| <b>Total Square Footage of Demolition:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | A/C: Yes                      No                   | City Calculated Valuation \$                                                      |                               |
| <b>Historical Eligibility:</b> N   Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Residential Fire Sprinkler System   Y   N    | <b>Historical Register:</b> N   Y                  | Submit to Loveland Fire Prevention: 970-962-2536                                  |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                    | <b>Client Total Valuation \$</b>                                                  |                               |
| <b>Describe Work/List Rooms :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                                    | <b>Electrical</b>                                                                 |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                    | Subcontractor _____ <b>Valuation \$</b> _____                                     |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                    | <b>Mechanical</b>                                                                 |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                    | Subcontractor _____ <b>Valuation \$</b> _____                                     |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                    | <b>Plumbing</b>                                                                   |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                    | Subcontractor _____ <b>Valuation \$</b> _____                                     |                               |
| <p>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, <b>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.</b></p> |                                              |                                                    |                                                                                   |                               |
| <b>Signature:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | <b>Date:</b> _____                                 | Received By: _____                                                                | Date: _____                   |
| <b>Building Division Comments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | Client notification:                               |                                                                                   |                               |
| <b>Planning Division Comments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | <b>Application Number:</b>                         |                                                                                   |                               |

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