



Submittal Check List

Master Plan for New Detached/Attached Single Family or Duplex



- Building Permit Application -**
<http://www.cityofloveland.org/modules/showdocument.aspx?documentid=2714>
 - A completed application includes a signature as well as all line items addressed (if an item is not applicable please note as such).
 - All options for the master plan need to be listed, with square footages specified if applicable.
- Building Elevations**
- Roof Framing Plan or Truss Pack and Truss Layout - Must be Sealed by a professional Engineer**
 - Show size, spacing, species and grade of lumber to be used for floor joists. All beam and header sizes are to be noted on the plans
- Floor Framing Plan - Must be Sealed by a professional Engineer**
 - Show size, spacing, species and grade of lumber to be used for floor joist
- Footing and Foundation Drawings**
 - Must be signed and sealed by a Professional Engineer
- Braced Wall Details as per R106.1.1**
 - Must be signed and sealed by a Professional Engineer
- Frame Section**
 - Identify cross-section submitted with plan (foundation section is not adequate.) Must show from bottom of footing to top of roofline. Identify framing and insulation details.
- Stair Section**
 - Show cross section details including rise /run stair openings handrails landings etc.
- Detail Sections**
 - Critical construction points or special structural items such as decks, porches, or retaining walls over four feet
- Building Construction Plans**
 - Must be designed to the current design criteria
<http://www.cityofloveland.org/index.aspx?page=458>
 - Must be designed to current design criteria
 - Must be stamped by Architect
- List floor protection method on plans and application per R501.3**
 - Further details on the construction plans can be found at
<http://www.cityofloveland.org/modules/showdocument.aspx?documentid=16133>
- Energy Code Compliance Forms**
 - Performance method should include Energy Code Inspection List & Manual J
 - ResCheck method should include Manual J and D
 - Architectural Review Committee Letter - signed and completed (if required by subdivision)



City of Loveland Building Division
 Master Plan Application
 Building Code Addition:
 PERMIT NUMBER:



Stock Plan # _____ Model Name _____
 Contractor _____ License # _____
 Email _____ Phone # _____
 Subdivision _____

Standard Plans:

Number of Bathrooms (1/2)	
Number of Bathrooms (3/4)	
Number of Bathrooms (Full)	
Number of Bedrooms-Basement Only	
Number of Bedrooms-Excluding Basement	
Number of Dwelling Units	
Number of Stories	
1st Sq Ft	
2nd Sq Ft	
Basement Sq Ft (Finished)	
Basement Sq Ft (UnFinished)	
All Elevation Structure Heights (Ft)	
Sq Ft of Covered Deck Area	
Sq Ft of Uncovered Deck Area	
What is the Energy Code Compliance	
*If Prescriptive indicate R-Value of insulation	
Number of Fireplaces/Pits-Gas	
Number of Fireplaces/Stoves-Wood	
Fire Protection of Floors Method	
Fully Sprinklered Type?	
Garage Sq Ft	
Garden Level Sq Ft	
Sq Ft of Covered Patio Area	
Sq Ft of Uncovered Patio Area	
Sq Ft of Covered Porch Area	
Sq Ft of Uncovered Porch Area	
Air Conditioning?	
What is the Type of Heat?	
Water Service Provider?	
Garage Type (ex: 2-car attached)	
Crawlspace Sq Ft	
Total Project Valuation	
Total New Square Footage of Project	

Options:

Description of Option	Sq. Ft Added

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

 Office Use Only

City Calculated Valuation: \$ _____ PCF Due \$ _____

PCF Receipt Sent: _____ PCF Received: _____
 PERMIT NUMBER: _____

Entered by: _____ Date: _____

Phone: 970-962-2505 * Email: eplan-res@cityofloveland.org * Inspection Line: 970-962-2100