



New Business Moving into an Existing Building/Tenant Space



When a new business is moving into an existing building or tenant space, there are three possible scenarios:

1. The new business is the same use, and no work (other than cosmetic updates) or new equipment is being installed. This requires no permit!
2. The new business is a different use, but remains in the same occupancy classification (ex: a barber shop is now becoming dentist office). Work is required to bring the space up to code, but a new Certificate of Occupancy does not need issued. This scenario requires an **Interior Alteration** permit submittal.
3. The new business is a different use and falls into a different occupancy classification. Work is required to bring the space up to code, and a new Certificate of Occupancy must be issued. This scenario requires a **Tenant Finish** permit submittal.

Tenant Finish / Interior Alteration Permit Submittal Requirements:

- All required forms are included in this packet and can be found on the City of Loveland Building Division webpage at cityofloveland.org/building, under forms and applications.
- A Tenant Finish/Interior Alteration permit application is to be completely filled out to include the attributes that are currently existing in the building/tenant space and any proposed changes to that space. The permit application is also required to have a signature and date.
- The Tenant Finish / Interior Alteration checklist is to be filled out and submitted.
- The forms listed in the Tenant Finish/Interior Remodel section are to be completely filled out.
 - o For assistance with the Transportation worksheet, please contact Joe Giannetto at 970-962-2560
 - o For assistance with the Wastewater Discharge Survey, please contact Bill Thomas at 970-962-3719
 - o For assistance with the Electrical Worksheet, please contact Matt Sadar at 970-962-3582
 - o For assistance with the Cross-Connection/Backflow Prevention Questionnaire, please contact Andy Tenbraak at 970-962-3749
- Construction documents prepared by a registered design professional are required.
- All forms, application and stamped architectural drawings are to be submitted to epplan-building@cityofloveland.org for the next available check in date.

Permit Fees for Tenant Finish:

The permit fees for a tenant finish permit can vary; the permit fees are based on the occupancy and construction type. A table from the 2012 IBC is used which gives a cost per square foot based on the construction type and occupancy type of the building/tenant space. That amount is then multiplied by 20% because the table represents the cost to construct a new building. The 20% is considered the tenant finish portion of that value. It is possible that Capital Expansion Fees may also be collected on the permit when the occupancy type is changing.

Permit Fees for Interior Alterations:

The permit fees for interior alteration permits are based on the total valuation and sub-contractor (mechanical, electrical, plumbing) valuations. No Capital Expansion Fees are charged because the occupancy is not changing.

An Estimate of permit fees can be requested by the applicant for no charge. Please fill out the Non-Residential Fee Estimate Request form located under the "Fee" tab at cityofloveland.org/building.

Check in process / Review times:

- All projects go through the check in process, which is a cursory review of the documents by the Plan reviewers. Check in is conducted between 8 am and 12 am every day, Monday through Friday, except major holidays.
- Once the project is accepted through check in, a plan check fee will be calculated and sent to the contact listed on the permit application.
- Once the plan check fee is received, the project will be entered into our system and the 20 business day review will begin.
- The contact, owner and design professional listed will then be notified if the permit is ready for issuance, or if further information is requested by the plan reviewers.
 - when more information is requested by the plans examiners or corrections to the submittal must be made, the revisions will be reviewed in 10 business days.



Non-Residential and Multi-Unit Dwelling Tenant Finish / Interior Remodel Building Permit Submittal Checklist

Please read the Submittal Instructions prior to completing this checklist.

A tenant finish application is required for all non-residential projects involving interior finish work, alterations, or expansions. Additionally permit applications are required for a building permit occupancy change, or a zoning change in use.

A complete application shall include the following information and must be submitted to eplan-building@cityofloveland.org:

1. Copy of this document completed with a check-mark (✓) next to all items included in this check-in package with signature and phone number of applicant at bottom
2. Completed and signed application form
3. A set of Architectural/Structural/Engineering plan drawings. **Drawings stamped, "Preliminary" or "Not for construction" will not be accepted.** All drawings shall be no larger than 30x42.

Drawing Set shall include:

- a. Architectural plans
 - i. Floor plans (depicting both current and proposed conditions)
 - ii. Building Elevations (with HVAC Equipment shown shaded)
 - iii. Code analysis (shown on plans, if not provide by separate document)
 - iv. Design Criteria List:
 - Occupancy group
 - Type of Construction Classification
 - Location on property
 - Seismic Design Category
 - Design Loads
 - Structural systems
 - Square footage/Allowable floor area
 - Number of exits required/provided
 - Fire sprinkler/alarm systems
 - Height and number of stories
 - Occupant load
 - v. Evidence of energy code compliance (shown on plans, if not provide by separate document)
 - vi. Parking Analysis (for each proposed use within the building, place info on cover sheet)
- b. Structural plans
 - i. Footing and foundation plans stamped by a Licensed Colorado Engineer
- c. Electrical plans and 1-line (XFMR to main panel including main disconnect, CT/PT can and/or meter socket. 1-line must specify that main disconnect and CT/PT can and/or meter socket are located on exterior of building. Existing metering equipment must be shown, along with any proposed changes to metering).

- d. Mechanical/HVAC plans (including mechanical equipment schedules)
- e. Plumbing plans

- 4. 11X17 detail showing tenant spaces. This is required for buildings proposing more than one occupiable space
- 5. Project manual (if applicable)
- 6. Structural calculations (if applicable)
- 7. Wastewater Discharge Survey (Separate Document, attached to this packet)
- 8. Request for Electric Service (Separate Document, attached to this packet)
NOTE: this document must be signed by Power Division Field Engineer prior to submittal (contact 970- 962-3561 for further information). A Electric Engineering Design Deposit may be required to be collected by the Field Engineer prior to signature.
- 9. Traffic Worksheet (Separate Document - See Attachment C or Traffic Impact Study Reports).
- 10. Cross-Connection/Backflow Prevention Questionnaire (Separate Document, attached to this packet)
- 11. Historic Building Review Submittal (if applicable) (Separate Document, attached to this packet) *Required for all properties on the Loveland Historic Preservation Survey when exterior modification is being proposed. Contact 970-962-2745 for more information or to find out if your property is on the Survey.*
- 12. Check this box if you know you will be providing a separate submittal directly to the Loveland Community Safety Division.
- 13. Check this box if you know you will be providing a separate submittal directly to Larimer County Health and Environmental Services.

Printed name of Applicant

Phone number

Signature of Applicant

Date



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

PERMIT NUMBER: _____

Application Type: _____
 Address: _____
 Proposed Tenant Name: _____ Proposed Use: _____
 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	
1st Floor/ Mezzanine Sq Ft Finished Area	
1st Floor/ Mezzanine Sq Ft Unfinished Area	
2nd Floor/ Mezzanine Sq Ft Finished Area	
2nd Floor/ Mezzanine Sq Ft Unfinished Area	
3rd Floor/ Mezzanine Sq Ft Finished Area	
3rd 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: _____



Department of Water and Power

Service Center • 200 North Wilson Avenue • Loveland, CO 80537
(970) 962-3000 • (970) 962-3400 FAX • (970) 962-2620 TDD
www.cityofloveland.org

INDUSTRIAL PRETREATMENT PROGRAM
Non-residential Wastewater Discharge Survey Form

Please read the following

The Department of Water & Power is required by Federal and State regulations to identify and locate all possible *Industrial Users*¹ which might be subject to the Pretreatment Program.

In accordance with City Code Section 13.10.607, the information requested in the attached survey must be submitted to evaluate if measures are necessary to protect the City's wastewater collection and treatment system and city staff from any adverse impact that may occur when certain wastes are discharged to the sewer system. Additional information may be requested.

This Survey must be signed by the individual described in Section VIII 1, 2, and 3. The Survey cannot be signed by the architect, contractor, engineer, plumber, etc. who does not meet the criteria stated in Section VIII.

Information and data provided in this questionnaire which identifies the content, volume, quality and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of information provided on this form shall be governed by procedures specified in Chapter 13.10.801 of the City of Loveland Municipal Code.

If you have any questions regarding this survey or requirements for discharging wastewater to the sewer system, contact the Pretreatment Program at Pretreatment@CityofLoveland.org or 970-962-3000.

Return the survey to:

Department of Water & Power
Pretreatment Program
200 N Wilson Avenue
Loveland, CO 80537

¹ Industrial User is any non-residential customer that discharges to the City of Loveland sewer system.

City of Loveland - Industrial Pretreatment Program
Non-residential Wastewater Discharge Survey Form

This survey is created with a variety of businesses in mind. Respond to the survey to the best of your knowledge. If a part does not apply, mark with "N/A" to show it has been considered.

Section I – General Information

Local business name: _____

Doing business as (*if different than above*): _____

Loveland address: _____ Unit: _____ Zip: _____

Mailing Address (*if different*): _____

Contact person: _____

Phone number: _____ e-mail: _____

Website: _____

Is the business located in a common area where utilities are shared by multiple tenants (food court, shopping center, business complex, office building, etc.)? Yes No

If the business is owned by a state-wide or national company with offices outside of Loveland, provide contact information for the state or national office:

Company Name: _____

Address: _____ Unit: _____ Zip: _____

Contact person: _____ Title: _____

Phone number: _____ e-mail: _____

Property Owner (*if different than above*)

Name(s): _____

Mailing Address: _____ Unit: _____ Zip: _____

Section II – Business Operation

When did/will the business begin operations at this location? _____

Type of Business (*check all that apply*):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Sales (retail/wholesale) | <input type="checkbox"/> Service provider | <input type="checkbox"/> Repair (equipment, vehicles, etc.) | |
| <input type="checkbox"/> Warehouse | <input type="checkbox"/> Storage | <input type="checkbox"/> Distribution facility | <input type="checkbox"/> Manufacture or Produce product |

Other (specify): _____

Describe what will be sold, repaired, the type of service provided, products stored, distributed, manufactured, produced, or assembled: _____

Total daily hours of operation: _____ Number of Shifts: _____

Is this business involved in nanotechnology or use nanomaterial? Yes No

Check all activities at this location:

- | | | |
|---|---|--|
| <input type="checkbox"/> Assemble | <input type="checkbox"/> Food preparation | <input type="checkbox"/> Plastic molding/forming |
| <input type="checkbox"/> Anodizing | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Powder coating |
| <input type="checkbox"/> Barrel finishing/tumbling | <input type="checkbox"/> Laundromat | <input type="checkbox"/> Printed Circuit Board Mfg |
| <input type="checkbox"/> Carpet/Upholstery cleaning | <input type="checkbox"/> Laundry, Comm./Ind. | <input type="checkbox"/> Printing/Publishing |
| <input type="checkbox"/> Chemical Etching/Milling | <input type="checkbox"/> Laundry, Dry Cleaning | <input type="checkbox"/> Research: _____ |
| <input type="checkbox"/> Chromating | <input type="checkbox"/> Leather tanning/finishing | <input type="checkbox"/> Semi-conductor Mfg. |
| <input type="checkbox"/> Coatings | <input type="checkbox"/> Machining | <input type="checkbox"/> Septic tank cleaning |
| <input type="checkbox"/> Drum or barrel wash-out | <input type="checkbox"/> Metal coloring | <input type="checkbox"/> Silk Screening |
| <input type="checkbox"/> Dye/Color (fabric, etc.) | <input type="checkbox"/> Metal forming, molding, etc. | <input type="checkbox"/> Smelting |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Parts Washing/Degreasing | <input type="checkbox"/> Stripping |
| <input type="checkbox"/> Electroless Plating | <input type="checkbox"/> Passivating | <input type="checkbox"/> Tank Wash-out |
| <input type="checkbox"/> Engraving | <input type="checkbox"/> Phosphating | <input type="checkbox"/> Vehicle cleaning/washing |
| <input type="checkbox"/> Equipment cleaning/wash | <input type="checkbox"/> Photo Develop/processing | <input type="checkbox"/> Washdown (floor, etc.) |

Other activities not listed (specify): _____

Is this business subject to any Categorical Pretreatment Standard listed at Title 40 of the Code of Federal Regulation Parts 405 - 471 (see Attachment I)? If yes, identify Part(s): _____

Section III – Other than wastewater from restrooms provide a response to the following and include all other wastewater sources. Indicate if the volume is known (K) or estimated (E). Attach additional sheet if necessary.

Source	Not present	Discharge is to			Volume (gallons per day)	K or E
		Sanitary sewer	Storm sewer	Evaporated		
Air Scrubber, wet						
Boiler						
Cooling tower						
Decorative fountain						
Elevator						
Groundwater						
Loading dock drain						
Outside drain/trench						
Roof drain						
Sump pump						
Swimming pool						
Stormwater						

Section IV – Chemicals and Other Substances

Place a mark in front of those that could be present in the wastewater discharged from the facility.

Volatiles

- Acrolein
- Acrylonitrile
- Benzene
- Bromoform
- Carbon tetrachloride
- Chlorobenzene
- Chlorodibromomethane
- Chloroethane
- 2-chloroethylvinyl ether
- Chloroform
- Dichlorobromomethane
- 1,2-dichlorobenzene
- 1,3-dichlorobenzene
- 1,4-dichlorobenzene
- 1,1-dichloroethane
- 1,2-dichloroethane
- 1,1-dichloroethylene
- 1,2-dichloropropane
- 1,3-dichloropropylene
- Ethylbenzene
- Methyl bromide
- Methyl chloride
- Methylene chloride
- 1,1,2,2-tetrachloroethane
- Tetrachloroethylene
- Toluene
- 1,2-trans-dichloroethylene
- 1,1,1-trichloroethane
- 1,1,2-trichloroethane
- Trichloroethylene
- Vinyl chloride

Acid Compounds

- 2-chlorophenol
- 2,4-dichlorophenol
- 2,4-dimethylphenol
- 4,6-dinitro-o-cresol
- 2,4-dinitrophenol
- 2-nitrophenol
- 4-nitrophenol
- p-chloro-m-cresol
- Pentachlorophenol
- Phenol
- 2,4,6-trichlorophenol

Base/Neutral

- Acenaphthene
- Acenaphthylene
- Anthracene
- Benzidine

- Benzo(a)anthracene
- Benzo(a)pyrene
- 3,4-benzofluoranthene
- Benzo(ghi)perylene
- Benzo(k)fluoranthene
- bis(2-chloroethoxy)methane
- bis(2-chloroethyl)ether
- bis(2-chloroisopropyl)ether
- bis(2-ethylhexyl)phthalate
- 4-bromophenyl phenyl ether
- Butylbenzyl phthalate
- 2-chloronaphthalene
- 4-chlorophenyl phenyl ether
- Chrysene
- Dibenzo(a,h)anthracene
- 3,3'-dichlorobenzidine
- Diethyl phthalate
- Dimethyl phthalate
- Di-n-butyl phthalate
- 2,4-dinitrotoluene
- 2,6-dinitrotoluene
- Di-n-octyl phthalate
- 1,2-diphenylhydrazine (as azobenzene)
- Fluoranthene
- Fluorene
- Hexachlorobenzene
- Hexachlorobutadiene
- Hexachlorocyclopentadiene
- Hexachloroethane
- Indeno(1,2,3-cd)pyrene
- Isophorone
- Napthalene
- Nitrobenzene
- N-nitrosodimethylamine
- N-nitrosodi-n-propylamine
- N-nitrosodiphenylamine
- Phenanthrene
- Pyrene
- 1,2,4-trichlorobenzene

Pesticides

- Aldrin
- alpha-BHC
- beta-BHC
- gamma-BHC
- delta-BHC
- Chlordane
- 4,4'-DDT
- 4,4'-DDE
- 4,4'-DDD

- Dieldrin
- alpha-endosulfan
- beta-endosulfan
- Endosulfan sulfate
- Endrin
- Endrin aldehyde
- Heptachlor
- Heptachlor epoxide
- PCB-1242
- PCB-1254
- PCB-1221
- PCB-1232
- PCB-1248
- PCB-1260
- PCB-1016
- Toxaphene

Metals and Other Pollutants

- Aluminum
- Arsenic
- Barium
- Boron
- Cadmium
- Cobalt
- Copper
- Fluoride
- Iron
- Lead
- Magnesium
- Mercury
- Molybdenum
- Nickel
- Nitrogen, Total Organic
- Nitrate, Nitrite
- Oil and Grease
- Phenols
- Phosphorus
- Radioactivity
- Selenium
- Sulfate
- Sulfide
- Sulfite
- Surfactants
- Thallium
- Tin
- Titanium
- Zinc
- Dissolved solids
- Suspended solid
- pH equal to/less than 5.5
- pH equal to/less than 11.0

Section IV (continued)

Place a mark in front of those that could be present in the wastewater discharged from the facility.

Toxic Pollutants

Asbestos

Hazardous Substances

- Acetaldehyde
- Allyl alcohol
- Allyl chloride
- Amyl acetate
- Aniline
- Benzonitrile
- Benzyl chloride
- Butyl acetate
- Butylamine
- Captan
- Carbaryl
- Carbofuran
- Carbon disulfide
- Chlorpyrifos
- Coumaphos
- Cresol
- Crotonaldehyde
- Cyclohexane
- 2,4-D (2,4-Dichlorophenoxy acetic acid)
- Diazinon
- Dicamba
- Dichlobenil
- Dichlone
- 2,2-Dichloropropionic acid
- Dichlorvos
- Diethyl amine
- Dimethyl amine
- Dintrobenzene
- Diquat
- Disulfoton
- Diuron
- Epichlorohydrin
- Ethion
- Ethylene diamine
- Ethylene dibromide
- Formaldehyde
- Furfural
- Guthion

- Isoprene
- Isopropanolamine Dodecylbenzenesulfonate
- Kelthane
- Kepone
- Malathion
- Mercaptodimethur
- Methoxychlor
- Methyl mercaptan
- Methyl methacrylate
- Methyl parathion
- Mevinphos
- Mexacarbate
- Monoethyl amine
- Monomethyl amine
- Naled
- Napthenic acid
- Nitrotoluene
- Parathion
- Phenolsulfanate
- Phosgene
- Propargite
- Propylene oxide
- Pyrethrins
- Quinoline
- Resorcinol
- Strontium
- Strychnine
- Styrene
- 2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)
- TDE (Tetrachlorodiphenylethane)
- 2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanoic acid]
- Trichlorofan
- Triethanolamine dodecylbenzenesulfonate
- Triethylamine
- Trimethylamine
- Uranium
- Vanadium
- Vinyl acetate
- Xylene
- Xylenol
- Zirconium

Any proprietary chemical products? Yes No

Check if any chemical or hazardous substance could be accidentally discharge to:

- On-site disposal system
- Storm drain
- to Ground
- Sanitary sewer
- Not applicable, no possible discharge to any of the above routes.

Any products that contain Nonylphenol²? Yes No

Section V – Provide a response to the following and include all other waste not shown (except for typical household/office type waste). Attach additional sheet if necessary.

Type of Waste	Estimated Quantity per month	Gallons (G) Pounds (P)	Yes (Y) or No (N)		
			On-site treatment	Discharged to sewer	Hauled off site
Acids & Alkalis					
Amalgam					
Inks and/or Dyes					
Oil & Grease (food grade)					
Oil & Grease (non-food grade)					
Fungicides, Herbicides, Pesticides					
Hazardous waste					
Pharmaceuticals					
Sand, sediment, dirt, mud, etc.					
Solvents/Thinners					
Sludge					

Section VI – On-site Treatment – List all wastewater treatment devices (such as amalgam separator, grease interceptor, sand/oil interceptor, waste oil tanks, filters, screens, containment chemical precipitation, or any other treatment devices) including the size and/or capacity of each.

Treatment Device	Size or Capacity (unit of measure)

Section VII – Waste Hauler Information

Name of Waste Hauler	Phone number	Type of Waste

² Nonylphenol may be found in detergents, cleaners, degreasers, dry cleaning aids, emulsifiers, wetting agents, adhesives, metalworking fluids, circuit board cleaners, oilfield chemicals, paints, coatings.

Hazardous Waste Discharge Reporting Notification

The following notification is to inform your company/business of its obligations under Section 13.10.609 of the Loveland Municipal Code and Title 40 of the Code of Federal Regulation Section 403.12(p), [40 CFR 403.12(p)].

All Industrial User's³ shall notify the City Pretreatment Program, the EPA Regional Waste Management Division Director, and State hazardous waste authorities in writing of any discharge into the sanitary sewer system of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR Part 261. Such notification must include the name of the hazardous waste as set forth in 40 CFR Part 261, the EPA hazardous waste number, and the type of discharge (continuous, batch, or other).

Contact the Pretreatment Program if you have questions or need a form to report hazardous waste to the sewer.

Section VIII – Survey Certification

The following certification statement must be signed as indicated below (*check the applicable box*):

1. If the Industrial User is a corporation:
 - by the president, secretary, treasurer, or vice-president or any other person who performs similar policy- or decision-making functions for the corporation, or
 - by the manager if authorized to make management decisions which govern the operation of the facility and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
2. By a general partner or sole proprietor
3. By a duly authorized representative if the **authorization is made in writing** by the individual described in 1 or 2 above **that specifies** the individual having responsibility for the overall operation of the facility from which the Discharge originates or having overall responsibility for environmental matters for the company (refer to 40 CFR Part 403.12(1-3)).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Title

Printed Name

Date

³ Industrial User is any non-residential customer that discharges to the City of Loveland sewer system.

Attachment 1 - List of Categorical Industries
(Title 40, Code of Federal Regulations, Parts 405-471)

<i>Industry Category</i>	<i>40 CFR Part</i>	<i>Industry Category</i>	<i>40 CFR Part</i>
Airport Deicing	449	Leather Tanning and Finishing	425
Aluminum Forming	467	Meat and Poultry Products	432
Asbestos Manufacturing	427	Metal Finishing	433
Battery Manufacturing	461	Metal Molding and Casting	464
Canned and Preserved Fruits and Vegetable Processing	407	Metal Products and Machinery	438
Canned and Preserved Seafood	408	Mineral Mining and Processing	436
Carbon Black Manufacturing	458	Nonferrous Metals Forming and Metal Powders	471
Cement Manufacturing	411	Nonferrous Metals Manufacturing	421
Centralized Waste Treatment	437	Oil and Gas Extraction	435
Coal Mining	434	Ore Mining and Dressing	440
Coil Coating	465	Organic Chemicals, Plastics and Synthetic Fibers	414
Concentrated Animal Feeding Operation	412	Paint Formulating	446
Concentrated Aquatic Animal Production	451	Paving and Roofing Materials	443
Construction and Development	450	Pesticide Chemicals Manufacturing, Formulating and Packaging	455
Copper Forming	468	Petroleum Refining	419
Dairy Products Processing	405	Pharmaceutical Manufacturing	439
Electrical and Electronic Components	469	Phosphate Manufacturing	422
Electroplating	413	Photographic	459
Explosives Manufacturing	457	Plastic Molding and Forming	463
Ferroalloy Manufacturing	424	Porcelain Enameling	466
Fertilizer Manufacturing	418	Pulp, Paper and Paperboard	430
Glass Manufacturing	426	Rubber Manufacturing	428
Grain Mills Manufacturing	406	Soaps and Detergents Manufacturing	417
Gum and Wood Chemicals	454	Steam Electric Power Generating	423
Hospital	460	Sugar Processing	409
Ink Formulating	447	Textile Mills	410
Inorganic Chemicals	415	Timber Products Processing	429
Iron and Steel Manufacturing	420	Transportation Equipment Cleaning	442
Landfill	445	Waste Combustor	444



ELECTRIC SERVICE WORKSHEET - **COMMERCIAL**

- New Service
 Upgrade Existing Service
 Disconnect/Reconnect

A completed form must be submitted with any permit application that includes electrical work.

Please complete the following items on the checklist:

- Complete all sections of this form.
- Attach copies of the electrical one line drawing and power plan.
- Email PowerDevelopment@cityofloveland.org or called (970) 962-3561 to schedule an appointment for a site visit and review of this form.
- Submit payment/deposit to Water and Power. ****This payment is just for the Power Division construction costs, there are additional fees from the Building Division. If you are making a deposit, there may be additional charges for actual time and material.**
- Take completed form signed by Distribution Designer to Building Division to file for permit.
- Notify Dispatch 962-3581 at least 48 hours in advance to schedule Disconnect/Reconnect**

Contact Information	Electrical Contractor Information		
Name of Person Submitting Request: _____ Company Name: _____ Phone # _____ Email _____	<input type="checkbox"/> Same as Contact Information Company Name: _____ Contact Person: _____ Phone # _____ Email _____		
Customer Information	Billing Information		
Customer Name: _____ Mailing Address: _____ Phone # _____ Email _____	Bill To: _____ Mailing Address: _____ Phone # _____ Email _____		
Location Information			
Service Address: _____ Unit# _____ If this is part of a multi-occupancy building, give the building's entire address range: _____ <input type="checkbox"/> New Construction <input type="checkbox"/> Existing Structure <input type="checkbox"/> Addition to Existing Structure <input type="checkbox"/> Demolition Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of work to be done (Required): _____ _____ Will temporary service be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
New Service Information	New Meter Information		
<input type="checkbox"/> N/A – Existing Service and Service Entrance will remain unchanged <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Overhead to Underground Voltage: _____ Service Terminates in: _____ Service Entrance Size: _____	N/A – Existing Meters and Service will remain unchanged For multi-occupancy buildings, tenant meters will only be installed for spaces being finished under this permit. Core & Shell only projects will only receive a house meter on the C&S permit. Max. Potential # of Meters at Build Out: _____		
Conductors/phase: _____ Conductor Size: _____ Conduits: Number _____ Size: _____	Size and Number of New Meters Being Requested		
Customer Fees (Completed by Distribution Designer)			
Deposit \$ _____ <input type="checkbox"/> Bill for actuals Flat Fee \$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;"> Commercial Meters _____ Ph _____ W _____ / _____ V Number of Meters Needed: _____ @ 200 Amps (or less) _____ @ 400 Amps _____ @ _____ Amps </td> <td style="width: 50%; padding: 5px;"> Residential Meters _____ Ph _____ W _____ / _____ V Number of Meters Needed: _____ @ 200 Amps (or less) _____ @ 400 Amps (Incl. CL320) _____ @ _____ Amps </td> </tr> </table>	Commercial Meters _____ Ph _____ W _____ / _____ V Number of Meters Needed: _____ @ 200 Amps (or less) _____ @ 400 Amps _____ @ _____ Amps	Residential Meters _____ Ph _____ W _____ / _____ V Number of Meters Needed: _____ @ 200 Amps (or less) _____ @ 400 Amps (Incl. CL320) _____ @ _____ Amps
Commercial Meters _____ Ph _____ W _____ / _____ V Number of Meters Needed: _____ @ 200 Amps (or less) _____ @ 400 Amps _____ @ _____ Amps	Residential Meters _____ Ph _____ W _____ / _____ V Number of Meters Needed: _____ @ 200 Amps (or less) _____ @ 400 Amps (Incl. CL320) _____ @ _____ Amps		

By signing and submitting this form, you acknowledge and agree to the City of Loveland Requirements for Electric Service (Available online and in person). These requirements apply to all new electric installations and additions to or modifications of existing electric installations.

Signature _____ Date _____

Attachment C Transportation Worksheet

This form must be completed and submitted when requesting a waiver of the TIS submittal and compliance requirements. This form is not required with building permit applications for residential projects proposing twelve dwelling units or less and no substantial access changes on a collector or arterial roadway.

Project Name: _____	Developer: _____
Date: _____	By: _____
Property Legal Description (lot, block, subdivision)	Title: _____
	Address: _____
	Phone #: _____
	Fax #: _____
	Email: _____

NON-RESIDENTIAL DEVELOPMENT:

Provide the following information for all non-residential projects:

A. Existing Use:

1. Description of existing land use: (if none, proceed with Proposed Use)

2. Existing building area (square footage) for above use(s): (2) _____
3. Number of employees on site each day: (3) _____
4. Daily trip ends for employees [mult. line (3) by the number 4]: (4) _____
5. Number of customers on site each day: (5) _____
6. Daily trip ends for customers [multiply line (5) by the number 2] (6) _____
7. Number of vendors on site each day (include trash, ups, etc): (7) _____
8. Daily Trip Ends for vendors [mult. line (7) by the number 2]: (8) _____
9. Total Vehicular Daily Trip Ends [line (4) plus line (6) plus line (8)]: (9) _____
10. Source of trip generation data (provide one): ITE business records traffic engineer

personal estimate , other:

Email or provide

documentation to support your data.

- 11. Number of accesses existing onto the public street(s) from this property: _____
- 12. Number of pedestrians visiting the site each day: _____
- 13. Number of bicyclists visiting the site each day: _____
- 14. Do sidewalks exist along street(s) adjacent to the property? Yes___ No___
- 15. Are bike lanes existing (striped) along major collector or arterial street(s) adjacent to this property (on both sides of the street)? Yes___ No___ NA___
- 16. Is the property adjacent to a major collector or arterial street as shown on the City’s transportation plan? Yes___ No___

B. Proposed Use:

- 1. Description of proposed land use:

- 2. Proposed building area (square footage) for above use(s): (2)_____
- 3. Anticipate number of employees on site each day: (3)_____
- 4. Daily Trip Ends for employees [multiply line (3) by the number 4]: (4)_____
- 5. Anticipate number of customers on site each day: (5)_____
- 6. Daily trip ends for customers [multiply line (5) by the number 2]: (6)_____
- 7. Anticipate number of vendors on site each day: (7)_____
- 8. Daily Trip Ends for vendors [multiply line (7) by the number 2]: (8)_____
- 9. Total Daily Trip Ends [line (4) plus line (6) plus line (8)]: _____
- 10. Source of trip generation data (provide one): ITE business records traffic engineer personal estimate , other:
Email or provide documentation to support your data.
- 11. Proposed number of accesses onto the public street(s) from this property (does NOT include any existing accesses proposed to remain for use): _____
- 11. Number of existing accesses proposed to remain and be used: _____
- 13. Number of pedestrians visiting the site each day: _____
- 14. Number of bicyclists visiting the site each day: _____
- 15. Are sidewalks proposed to be intalled (o r exist in good condition) along the street(s) adjacent to the property? Yes___ No___

16. Are bike lanes existing or proposed to be installed (to be striped with any required no parking signs installed) along major collector or arterial street(s) adjacent to this property (on both sides of the street)? Yes___ No___ NA___
17. Is the property adjacent to a major collector or arterial street as shown on the City’s 2030 transportation plan? Yes___ No___

If the total trip new trips, (that is the difference between the daily trip ends calculation for any existing use and the total daily trip ends calculated for the proposed use), is less than 200 and if peak hour and/or daily traffic counts demonstrate that the existing traffic plus the site generated traffic volumes are within the limits set by City Street Standards, the applicant may request a waiver of the Traffic Impact Study submittal requirements by signing below.

Name

Date

CITY USE ONLY:

Full TIS Required:	Intermediate TIS Required:	TIS Waived:
By: _____	Date:	



CROSS-CONNECTION/BACKFLOW PREVENTION QUESTIONNAIRE

If you are not sure of how to answer any of these questions or if you have concerns regarding this form please contact Cross-Connection Control Specialist at (970) 962 -3749 or andy.tenbraak@cityofloveland.org

Name of Facility: _____ Date: _____

Address of Facility: _____

Contact Name: _____

Contact Phone #: _____ Contact email: _____

Type of Facility (manufacturing, retail, office, restaurant, etc.): _____

- Commercial Industrial Multi-Family
- New Construction Remodel

1. Water is used at the Facility for:
- A. Domestic consumption? YES NO
 - B. Food preparation? YES NO
 - C. Lawn irrigation? YES* NO
 - If yes, are there chemicals/fertilizers injected into the irrigation system? YES NO
 - D. Used water system (non-potable/reclaimed)? YES NO
 - E. Cooling Towers? YES* NO
 - If yes, is the water chemically conditions? YES NO
 - F. Chilled water system? YES NO
 - G. Heat Exchangers/Solar heating system? YES NO
 - H. Boilers YES* NO
 - If yes, is the water chemically conditions? YES NO
 - I. Steam generating system? YES NO
 - J. Fire protection system? YES* NO
 - If yes, what is the type of fire system? DRY WET CHEMICAL
 - Are there any antifreeze legs? YES NO
 - Is there a fire pump? YES NO
 - K. Manufacturing? YES NO
 - L. Processing? YES* NO
 - If yes, please describe: _____

2. Does the Facility require non- interrupted water service? YES NO

3. Is there another source of water to the Facility other than the service connection? YES* NO
• If yes, please describe the source (well, cistern, etc...): _____

4. Is water pumped at the Facility for any purpose? YES NO

5. Does the Facility have Chemical or Hazard Waste Storage? YES NO

6. Is there any water-using devices/machinery at this site (other than typical plumbing fixtures)? YES* NO
• If yes, please describe: _____

7. Will you have any of the following equipment within the Facility?

	Yes	No	Designed with a Backflow prevention device?
Beverage dispenser CO2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee urns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detergent dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking fountain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose bibb/threaded faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot tub/Jacuzzi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janitor sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap mixing equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Loveland Historic Demo Submittal Checklist

All proposals must contain sufficient information for adequate review and documentation. Please supply the following information as it applies to your design proposal.

Partial Demolition – The dismantling, razing, or destruction of a portion of a building or structure, or the removal of architectural elements which define or contribute to the character of the structure.

Total Demolition – The dismantling, razing, or destruction of an entire building or structure.

I. DEMOLITION *(Check box if completed)*

- | | | |
|--------------------------|--------------------------|--|
| Y | N | |
| <input type="checkbox"/> | <input type="checkbox"/> | A. Is this a full demolition? |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Provide description of structure, items or features to be removed from property exterior. |
| <input type="checkbox"/> | | C. Identify reasons for removing structure, items or feature. |
| <input type="checkbox"/> | | D. If this is a full demolition, submit photos of each elevation of the affected properties |
| <input type="checkbox"/> | | E. If this is a partial demolition and will include new construction or replacement of features, please follow Section II. |

II. NEW CONSTRUCTION OR REPLACEMENT *(Check box if completed)*

- A. Site plan drawn to scale.
- B. Scale drawing or construction document to include:
 - Building elevation(s) showing proposed work;
 - Dimensions of existing building;
 - Dimensions of proposed work;
 - Notation of all changes to structure and features to be removed;
 - Proposed materials to be used.**(if plans are larger than 11"x17", submit one set of 11"x17" reductions)**
- C. Photos of existing building and area of proposed work.
- D. Color sample(s) or chip(s) of proposed paint colors for features not already painted and/or new materials is helpful.

V. ACKNOWLEDGMENT

I acknowledge this is a complete application, ready for Historic Preservation Commission review. Each information requirement (described above) has been checked off, as it applies to this proposal. I understand incomplete submittals will be returned to me for completion.

Signature of Person Submitting Package

Date of Submittal

Printed Name of Person Submitting Package

*If you have questions about completing this application, please call
Community & Strategic Planning Staff at 970-962-2745 or 970-962-2721.*

City of Loveland - Department of Water & Power
Food Service Establishment Survey

1 Establishment name: _____
 Establishment address: _____
 Name of owner(s): _____
 Owner contact number(s): _____
 Owner contact e-mail: _____
 Person completing this form: _____ Title: _____
 Maximum seating capacity: _____
 Maximum hours open any day: _____
 Number of day's open/week: _____

<i>Type of Establishment</i>	<i>Submit a Menu</i>		
<input type="checkbox"/> Assisted/Nursing home	<input type="checkbox"/> Concession	<input type="checkbox"/> Fish	<input type="checkbox"/> Meat
<input type="checkbox"/> Bar & Grill	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Grocery	<input type="checkbox"/> Manufacture
<input type="checkbox"/> Bakery	<input type="checkbox"/> Coffee	<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Deli	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> School
<input type="checkbox"/> Caterer	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Ice Cream/Yogurt	<input type="checkbox"/> Specialty Shop
<input type="checkbox"/> Church/Religious	Other (specify): _____		

3 *How is food prepared*

<input type="checkbox"/> Bake	<input type="checkbox"/> Crock pot	<input type="checkbox"/> Microwave	<input type="checkbox"/> Smoked
<input type="checkbox"/> Boil	<input type="checkbox"/> Grill	<input type="checkbox"/> Pre-packaged	<input type="checkbox"/> Steam
<input type="checkbox"/> Broil	<input type="checkbox"/> Fry (Pan / Deep)	<input type="checkbox"/> Rotisserie	<input type="checkbox"/> Wok

Other (specify): _____

4 *Number of meals prepared per day:*

		Yes	No
Breakfast	_____	_____	_____
Lunch	_____	_____	_____
Dinner	_____	_____	_____
Other	_____	_____	_____

5 *Equipment*

<input type="checkbox"/> Dishwasher (____ gpm)	<input type="checkbox"/> 3 Comp sink, size	<input type="checkbox"/> Exhaust hood	<input type="checkbox"/> Garbage can wash
<input type="checkbox"/> Booster Heater	<input type="checkbox"/> 2 Comp sink, size	<input type="checkbox"/> Floor sinks	<input type="checkbox"/> Hand sinks
<input type="checkbox"/> Chemical sanitize	<input type="checkbox"/> 1 Comp sink, size	<input type="checkbox"/> Floor drains	<input type="checkbox"/> Trench drains
<input type="checkbox"/> Garbage disposal	<input type="checkbox"/> Mop sink	Other (specify): _____	

Total DFUs = _____ Total Flow Rate = _____ gpm

6 *Grease Removal Device size:* _____ Gallons

	Establishment	Property owner
Who is responsible for: emptying waste from the grease removal device?		
repairs to the grease removal device?		

Food Service Establishments Grease Removal Device Information

All equipment with the potential to discharge wastewater containing fats, oil, grease, or food waste shall flow to a properly sized grease removal device (grease trap, grease interceptor, solids interceptor, etc.).

When sizing the grease removal device consider the food prepared, business location (high traffic and/or pedestrian area [such as near major roadway/Interstate, shopping mall]), hours of operation, and maintenance frequency (monthly, quarterly, etc.). The City may require a larger grease removal device to be installed.

Grease removal devices must be accessible for cleaning and inspection. Because of decreased removal efficiency grease removal devices are required to be emptied when the total waste accumulation (solids & grease) is 25% or greater.

An exterior grease interceptor shall not be located in the drive-thru lane. Interior grease traps are not permitted in a food preparation area.

Note: Providing additional interceptor capacity can reduce a grease interceptor's maintenance frequency, thereby reducing the long term maintenance costs and minimizing the number of potential violations/fines incurred from missed grease interceptor maintenance. However, solids accumulation and low flows in a grease interceptor can, over an extended period of time, produce a corrosive environment which can damage the structural integrity of the interceptor.

Example Food Service Plumbing Layout

