

# BUILDING PERMIT APPLICATION

## Missoula County Building Inspection Division

6089 TRAINING DRIVE, MISSOULA, MT 59808

Office: (406) 258-3701 / Fax: (406) 258-4864

[www.missoulacounty.us/building](http://www.missoulacounty.us/building)

PERMIT #: \_\_\_\_\_

LZ # \_\_\_\_\_

APPLIED DATE: \_\_\_\_\_ ISSUE DATE : \_\_\_\_\_

### INSTRUCTIONS

TYPE OR PRINT CLEARLY USE BLACK OR BLUE INK  
- NO PENCIL-

The applicant must fill out sections I, II, and III. Your permit will not be processed if you do not fill out the required information. Please read all conditions on this application before signing. The property owner and/or licensed contractor must sign and date the application. If not applicable please write N/A (do not leave blank). When filling out addresses, please include St., Ave., Rd., Dr., etc. and zip code. A separate permit application is required for each building or structure except townhouses or commercial tenant spaces where each unit requires a permit.

### SECTION I: PROPERTY INFORMATION

#### ✘ LOCATION:

PROJECT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BLDG #: \_\_\_\_\_ SUITE #: \_\_\_\_\_ UNIT #: \_\_\_\_\_ APT #: \_\_\_\_\_

#### ✘ LEGAL DESCRIPTION:

TOWNSHIP: \_\_\_\_\_ LOT(S): \_\_\_\_\_ COS/TRACT #: \_\_\_\_\_

RANGE: \_\_\_\_\_ BLOCK(S): \_\_\_\_\_ PARCEL#: \_\_\_\_\_

SECTION: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

GEOCODE (IF KNOWN): \_\_\_\_\_

#### ✘ TOTAL AREA (SQ. FOOTAGE):

PROPERTY: \_\_\_\_\_ PROPOSED STRUCTURE: \_\_\_\_\_

EXISTING PRIMARY STRUCTURE: \_\_\_\_\_

#### ✘ UTILITY INFORMATION:

WATER METER SIZE: \_\_\_\_\_ INCHES HEATING SOURCE: \_\_\_\_\_

WATER SUPPLY: \_\_\_\_\_

#### BUILDING OR STRUCTURE USE (CHECK ONLY ONE)

SINGLE FAMILY  MULTI-FAMILY \_\_\_\_\_ UNITS  OTHER \_\_\_\_\_

CHANGE OF USE: YES \_\_\_\_\_ NO \_\_\_\_\_

PREVIOUS USE: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

BUSINESS NAME (IF APPLICABLE): \_\_\_\_\_

### SECTION II: PEOPLE INFORMATION

#### PROPERTY OWNER

NAME		PHONE #
STREET ADDRESS		
CITY	STATE	ZIP CODE

#### CONTRACTOR SAME AS OWNER

BUSINESS NAME		PHONE #
STREET ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL		

#### ARCHITECT/ENGINEER/DRAFTSPERSON (Please Circle)

NAME	PHONE #
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### SECTION III: PROPOSED WORK

TYPE OF WORK (CHECK ALL THAT APPLY):

NEW CONSTRUCTION  FOUNDATION ONLY  REMODEL  ADDITION

CHANGE OF USE  REPAIR  REROOF / RESIDE  OTHER \_\_\_\_\_

PROJECT DESCRIPTION (DESCRIBE THE WORK THAT REQUIRES THIS PERMIT)

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### Conditions

- This permit was not reviewed for compliance with zoning, floodplain or conditions of subdivision approval. You are advised to contact Community & Planning Services 258-4642 for additional permitting information prior to initiating your project.
- The proposed work must be done in accordance with approved plans and specifications. Separate permits are required for, but not limited to, electrical, plumbing, mechanical, signs, sewer, water, paving, and right-of-way. Furthermore, it is the duty of the General Contractor to assure that all required inspections are scheduled 24 hours in advance and approved by the County Inspectors. This permit becomes null and void if work or construction authorized is not commenced within 365 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

✘

SIGNATURE OF PROPERTY OWNER \_\_\_\_\_ DATE \_\_\_\_\_

✘

SIGNATURE OF CONTRACTOR or AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION IV: PLAN REVIEW (FOR OFFICE USE)

#### ENGINEERING DIVISION

DESCRIPTION	COMMENTS	APP.	DATE
SURFACE WATER RETENTION			
CURB / GUTTER / SIDEWALK			
DRIVEWAY / PARKING DESIGN			
<input type="checkbox"/> OTHER (COMM. SEWER, LGL/GEO, ETC.)			

#### ZONING (COMMUNITY & PLANNING SERVICES)

SUBDIVISION			
LANDSCAPING / PARKING DESIGN			
FLOODPLAIN			
ZONE	MAX HEIGHT		
SETBACKS	FRONT(S)	SIDES(S)	REAR(S)
BLDG. HGT. METHOD	<input type="checkbox"/> ABSOLUTE	<input type="checkbox"/> MODIFIED* *Existing grade must be shown on all elevation drawings	
# OF OFF-STREET PARKING SPACES	EXISTING	REQUIRED	PROPOSED
COMMENTS:			

#### BUILDING INSPECTION DIVISION

CONSTRUCTION TYPE	OCCUPANCY TYPE	MAX OC. LOAD	SMOKE DETECTOR REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF STORIES	DWELLING UNITS (#)	<input type="checkbox"/> PHASE I <input type="checkbox"/> PHASE II <input type="checkbox"/> PHASE III	SPRINKLERS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PLAN REVIEW	DATE/TIME/INITIALS	COMMENTS:	
MECHANICAL:			
PLUMBING:			
ELECTRICAL:			
OTHER:			
COMMENTS/ SQ. FOOTAGE OF:			
PLANS EXAMINER SIGNATURE			DATE

#### HEALTH DEPARTMENT

Septic Permit			
LIC. EST. PLAN REVIEW			
AIR QUALITY			

#### OTHER DEPARTMENTS

<input type="checkbox"/> FIRE DEPARTMENT			
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### SECTION V: FEES

VALUATION:	BUILDING FEE:	REVIEW FEE:
OPG FEE:	OTHER FEES:	TOTAL DUE:

REVIEW FEE PAID: \$ \_\_\_\_\_ DATE: \_\_\_\_\_  
 CASH  CHECK # ( \_\_\_\_\_ )  CREDIT CARD/DEBIT CARD  
 PERMIT FEE PAID: \$ \_\_\_\_\_ DATE: \_\_\_\_\_  
 CASH  CHECK # ( \_\_\_\_\_ )  CREDIT CARD/DEBIT CARD