

RESIDENTIAL BUILDING PERMIT APPLICATION

2017



Community Planning, Development, & Innovation Permit #:
 435 Ryman Street, Missoula, MT 59802 Applied Date:
 Phone: (406) 552-6630 Fax: (406) 552-6053 Issued Date:

INSPECTION REQUEST LINE (406)552-6040 Email: Permits@ci.missoula.mt.us <https://ebiz.ci.missoula.mt.us/citizenaccess/>

INSTRUCTIONS - TYPE OR PRINT CLEARLY AND 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. If necessary, provide directions to the site, location of work within the building, and/or attach a map.

SECTION I: PROPERTY INFORMATION	
PROJECT ADDRESS:	
BLDG #: _____ SUITE #: _____	
UNIT #: _____ APT #: _____	
SUBDIV: _____	
BLOCK: _____ LOT: _____	
COS/TRACT: _____ PARCEL #: _____	
SECTION: _____ TOWNSHIP: _____	
RANGE: _____ GEOCODE: _____	
TOTAL AREA (SQUARE FOOTAGE)	
PROPERTY: _____	
PROPOSED STRUCTURE: _____	
EXISTING PRIMARY STRUCTURE: _____	
UTILITY INFORMATION	
WATER METER SIZE & SUPPLY _____	
HEATING SOURCE _____	
BUILDING OR STRUCTURE USE	
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> STORAGE BUILDING
<input type="checkbox"/> DUPLEX	<input type="checkbox"/> DETACHED GARAGE
<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> OTHER
SECTION II: PEOPLE INFORMATION	
PROPERTY OWNER	
NAME: _____	
ADDRESS: _____	
CITY, ST, ZIP: _____	
PHONE: _____	
EMAIL: _____	
CONTRACTOR - <input type="checkbox"/> SAME AS OWNER	
NAME: _____	
ADDRESS: _____	
CITY, ST, ZIP: _____	
PHONE: _____	
EAMIL: _____	
ARCHITECT/ENGINEER	
NAME: _____	
PHONE: _____	
EMAIL: _____	
CONTACT PERSON	
NAME: _____	
PHONE: _____	
EMAIL: _____	
SECTION III: PROPOSED WORK	
TYPE OF WORK (CHECK ALL THAT APPLY)	
<input type="checkbox"/> - NEW CONSTRUCTION	<input type="checkbox"/> - ADDITION
<input type="checkbox"/> - CHANGE OF USE	<input type="checkbox"/> - REMODEL
<input type="checkbox"/> - REROOF/RESIDE	<input type="checkbox"/> - REPAIR
<input type="checkbox"/> - OTHER	
PROJECT DESCRIPTION	
<p><small>CONDITIONS - 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 City Inspectors. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I herby 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.</small></p>	

 SIGNATURE OF PROPERTY OWNER DATE

 SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

SECTION IV: PLAN REVIEW (FOR OFFICE USE)			
ENGINEERING			
DESCRIP.	COMMENTS	APP	DATE
SEWER			
SWPPP			
C/G & S/W			
PAVING/ADA			
GRADE/DRAIN			
ADDRESSING			
PLANNING			
DESCRIP.	COMMENTS	APP	DATE
SUBDIV.			
LANDSCAP.			
FLOODPLAIN			
ZONE:			
MAX HEIGHT			
SETBACKS:	FRONT	HILLSIDE: Y N	% SLOPE
	SIDES	BUILDING HEIGHT	
	REAR	WALL HEIGHT	
BLDG HGT METHOD:	ABSOLUTE		
	MODIFIED		
# OF OFF-STREET PARKING SPACES			
EXISTING			
REQUIRED			
PROPOSED			
COMMENTS			
BUILDING			
CONST TYPE	OCC. TYPE	MAX OC. LOAD	SMOKE DETECTOR REQUIRED?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
STORIES	DWELLING UNITS	PHASE I PHASE II PHASE III	SPRINKLERS REQUIRED?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
COMMENTS/SQ FOOTAGE:			
PLANS EXAMINER SIGNATURE/DATE			
HEALTH DEPARTMENT			
DESCRIP.	COMMENTS	APP	DATE
INDV SEWER			
LIC EST RVW			
AIR QUALITY			
OTHER DEPARTMENTS			
FIRE DEPT			
PARKS & REC			
SECTION V: FEES			
BUILDING PLAN CHECK FEE		FIRE PLAN REV. FEE	FIRE INSP FEE
<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK	
VALUATION		BUILDING PERMIT FEE	
ENG PLAN CHECK FEE		IMPACT FEE	
OTHER FEES			
TOTAL DUE			
TOTAL FEES			
<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK	