

BUILDING PERMIT APPLICATION

PERMIT #:

PJ #:

Missoula County Building Inspection Division

6089 TRAINING DRIVE, MISSOULA, MT 59808

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

DATE: _____ www.co.missoula.mt.us/building

LAND USE or ZONING PERMIT #:

APPLIED DATE: _____ ISSUE _____

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: (NEW CONSTRUCTION ONLY)

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

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)

Conditions

- This permit was not reviewed for compliance with zoning, floodplain or conditions of subdivision approval. You are advised to contact the Office of Planning and Grants at 258-4657 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 365 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 (OFFICE OF PLANNING & GRANTS)

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			
<input type="checkbox"/>			

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