

PLUMBING PERMIT APPLICATION PERMIT #:

Missoula County Building Inspection Division

6089 Training Drive, Missoula, MT 59808
Office: (406) 258-3701 / Fax: (406) 258-4864
www.co.missoula.mt.us/building

TYPE:
DATE:

ISSUE DATE: _____

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

The applicant must fill out sections I, II, III and IV. 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 IV: PERMIT FEES

✓	PERMIT ISSUANCE	FEE
<input type="checkbox"/>	FOR ISSUING EACH PERMIT (1)	\$31.00
<input type="checkbox"/>	FOR ISSUING EACH SUPPLEMENTAL PERMIT FOR WHICH THE ORIGINAL PERMIT IS NOT EXPIRED, CANCELED OR COMPLETED (2)	\$9.00

¹ Except for residential water heater replacements ² You may not extend another applicant's permit

In the spaces provided below, please indicate the total number of installations, relocations or replacements of any fixture, trap or stub-out for future use. Use 'OTHER' for any fixture, trap or stub-out not included on the schedule. Then total the number of fixtures, traps and stub-outs and indicate the total in the schedule of fees located below the schedule of plumbing fixtures.

SECTION I: PROPERTY INFORMATION

*** LOCATION**
PROJECT ADDRESS: _____

CITY: _____ ZIP CODE: _____

BLDG #: _____ SUITE #: _____ UNIT #: _____ APT #: _____

MOBILE HOME PARK NAME (IF APPLICABLE): _____

*** BUILDING OR STRUCTURE USE (CHECK ONLY ONE, BELOW):**

SCHEDULE OF PLUMBING FIXTURES

FIXTURE	#	FIXTURE	#
BATH TUB		FLOOR DRAIN	
SHOWER		AREA DRAIN	
LAVATORY		ROOF DRAIN	
WATER CLOSET (TOILET)		SUMP DRAIN	
URINAL		ICE MACHINE	
KITCHEN SINK		GLASS FILL STATION	
SERVICE SINK		COFFEE MAKER	
FLOOR SINK		DRINKING FOUNTAIN	
BAR SINK		DENTAL-UNIT CUSPIDOR	
DISHWASHER		X-RAY TANK	
CLOTHES WASHER		CAR WASH SUMP	
WASH TRAY		OTHER (1) / SPECIFY:	
SEWAGE EJECTION SUMP		OTHER (2) / SPECIFY:	

RESIDENTIAL

SINGLE FAMILY DUPLEX TOWNHOUSE MULTI-FAMILY _____ UNITS

STORAGE BUILDING DETACHED GARAGE OTHER _____

COMMERCIAL / NON-RESIDENTIAL

CHANGE OF USE: YES ___ NO ___

SPECIFY USE: _____

BUSINESS NAME (IF APPLICABLE): _____

PROVIDE BUILDING PERMIT # FOR COMMERCIAL PROJECTS: _____

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
STATE LICENSE #	

TENANT

NAME	PHONE #
------	---------

SECTION III: PROPOSED WORK

PROJECT DESCRIPTION (DESCRIBE ONLY 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.
- Permit shall become null and void if work authorized by such permit is not commenced within 180 days from issuance or if work is suspended or abandoned for a period of 180 days at any time after the work is commenced.
- It shall be the duty of the person doing the work authorized by a permit to assure that all required inspections are scheduled at least 24 hours in advance and approved by the County Inspectors. Furthermore, it shall be the duty of the person requesting the inspection to provide access to and means for inspection of the work.
- A homeowner may secure a permit for and plumb only his own buildings used for his own use. Buildings used as rentals, businesses, etc., and all contract work must be performed by a licensed plumbing contractor using only plumbers licensed for such work.
- The individual who signs this application assumes all responsibility and liability for the work performed as specified herein.

SCHEDULE OF FEES

#	TYPE OF WORK	EACH	TOTAL
	FOR EACH INSTALLATION, RELOCATION OR REPLACEMENT OF PLUMBING FIXTURE, TRAP OR STUB-OUT (TOTAL FROM ABOVE SCHEDULE)	\$11.00	
	FOR EACH WATER HEATER OR REPLACEMENT	\$11.00	
	FOR INSTALLATION, ALTERATION, OR REPAIR OF WATER PIPING AND/OR WATER TREATMENT EQUIPMENT	\$11.00	
	FOR REPAIR OR ALTERATION OF DRAINAGE OR VENT PIPING	\$11.00	
	FOR EACH LAWN SPRINKLER OR FIRE PROTECTION SYSTEM, OR ANY ONE METER, INCLUDING BACKFLOW PROTECTION DEVICE	\$11.00	
	FOR ONE TO FOUR TOTAL UNPROTECTED PLUMBING FIXTURE, TANK, VAT, ETC., OR VACUUM BREAKER OR BACKFLOW PROTECTION DEVICE (EACH)	\$11.00	
	FOR FIVE OR MORE UNPROTECTED PLUMBING FIXTURES, TANKS, VATS, ETC., OR VACUUM BREAKER OR BACKFLOW PROTECTION DEVICE (EACH)	\$5.00	
	FOR EACH INDUSTRIAL WATER PRE-TREATMENT EQUIPMENT INCLUDING ITS DRAINAGE AND VENT	\$13.00	

SECTION V: FEES

# OF FIXTURES	PENALTY FEE	TOTAL FEES
	\$	\$

CASH CHECK # _____ CREDIT/DEBIT CARD

X
SIGNATURE OF PROPERTY OWNER _____ DATE _____

X
SIGNATURE OF MASTER PLUMBING CONTRACTOR _____ DATE _____