# RESIDENTIAL BUILDING PERMIT APPLICATION

2017

Development Services
435 Ryman Street, Missoula, MT 59802
(406) 552-6635 Fax: (406) 552-6053

**Permit #:**
**Applied Date:**
**Issued Date:**

INSPECTION REQUEST LINE (406)552-6040 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**

❒ SINGLE FAMILY ❒ STORAGE BUILDING
❒ DUPLEX ❒ DETACHED GARAGE
❒ TOWNHOUSE ❒ OTHER

## SECTION II: PEOPLE INFORMATION

**PROPERTY OWNER**

NAME:
ADDRESS:
CITY, ST, ZIP:
PHONE:
EMAIL:

**CONTRACTOR - ❒ 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)

❒ - NEW CONSTRUCTION ❒ - ADDITION
❒ - CHANGE OF USE ❒ - REMODEL
❒ - REROOF/RESIDE ❒ - REPAIR
❒ - OTHER

**PROJECT DESCRIPTION**

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.

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 ❒ | NO ❒ |
| STORIES | DWELLING UNITS | ❒ PHASE I | SPRINKLERS REQUIRED? | |
| | | ❒ PHASE II | | |
| | | ❒ PHASE III | YES ❒ | NO ❒ |

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 |
|---|---|---|
| ❒ CASH | ❒ CREDIT CARD | ❒ CHECK |

| VALUATION | BUILDING PERMIT FEE |
|---|---|
| ENG PLAN CHECK FEE | IMPACT FEE |
| OTHER FEES | |
| **TOTAL DUE** | |
| TOTAL FEES | |

| ❒ CASH | ❒ CREDIT CARD | ❒ CHECK |
|---|---|---|