



# BUILDING PERMIT APPLICATION

Missoula County Building Inspection Division  
6089 Training Drive, Missoula MT 59808  
Office: (406) 258-3701 / Fax: (406) 258-4864  
[permits@missoulacounty.us](mailto:permits@missoulacounty.us)  
[www.missoulacounty.build](http://www.missoulacounty.build)

MB # \_\_\_\_\_

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

2022

APPLIED DATE: \_\_\_\_\_ ISSUED DATE: \_\_\_\_\_

## INSTRUCTIONS

**All sections must be completed with the required information, or the application will not be processed. Please read all conditions on this application before signing. The property owner and/or licensed contractor/authorized agent must sign and date the application. A separate permit application is required for each building or structure except townhouses or commercial tenant spaces where each unit requires its own permit.**

### REQUIRED CONSTRUCTION DOCUMENTS FOR SUBMITTAL (Does not apply to Roofing Permits)

- Land Use Permit Application
- Site Plan - Property boundaries, all structures labeled, distances to all property lines, well, septic & other structures
- Floor Plan – For ALL floors including attic spaces, dimensioned, all rooms labeled, all windows & doors shown with sizes
- Elevations – All sides of structure with overall height from lowest grade to highest peak. Show all doors & windows
- Footing & Foundation Plan – Dimensioned & detailed
- Framing Plans – Floor, Wall & Roof – Detailed to include all headers & beam sizes
- Wall Section – Cut through of structure detailing everything from bottom of footer through top of roof
- Truss Package – Quote, layout & individual profile sheets
- If Applicable – Grading/Drainage Plan, engineering, City Utilities Connection Approval Letter

PROJECT ADDRESS: \_\_\_\_\_ Bldg# \_\_\_\_\_ Suite# \_\_\_\_\_ Unit# \_\_\_\_\_ Apt# \_\_\_\_\_

Please use [www.gis.missoulacounty.us](http://www.gis.missoulacounty.us) to confirm address is in Missoula County & not City of Missoula

\*\*If your property does not have an address, enter, XXXX Street Name and apply for an Address/Approach Permit

\*\*Is your project connecting to or have the potential to connect to City Sewer? If so, you must receive a City of Missoula Utilities Connection Approval Letter **PRIOR** to submitting this building permit application.

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ Mobile Home Park: \_\_\_\_\_

GEOCODE FOR PROPERTY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR TAX ID# \_\_\_\_\_

Property Acres \_\_\_\_\_ Existing Structures Total Sq.Ft. \_\_\_\_\_ Proposed Structure Sq.Ft. \_\_\_\_\_

### RESIDENTIAL PROJECT

\_\_\_ Single Family Residence \_\_\_ Duplex \_\_\_ Multi-Family \_\_\_ #Units \_\_\_ Residential Remodel/Addition  
\_\_\_ Detached Accessory Structure \_\_\_ Foundation Only \_\_\_ Solar \_\_\_ Re-Roof \_\_\_ Deck Remodel/Addition

### COMMERCIAL PROJECT

\_\_\_ New Construction \_\_\_ Addition/Remodel \_\_\_ Cell Tower \_\_\_ Cannabis/Alcohol License Renewal \_\_\_ Solar \_\_\_ Racking System  
\_\_\_ Change Of Use/Tenant Improvement (Specify Use) \_\_\_\_\_

Business Name: \_\_\_\_\_

### APPLICANT / CONTACT PERSON

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

**"PROPERTY" OWNER** \*\*Must match owner found at [www.gis.missoulacounty.us](http://www.gis.missoulacounty.us)

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CONTRACTOR SAME AS OWNER

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### ARCHITECT/ENGINEER/DRAFTSPERSON \*\*please circle one

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PROPOSED WORK

Continue to other side →

TERMS & CONDITIONS:

The proposed work must be done in accordance with the Missoula County approved plans & specifications. **Separate permits are required for but not limited to:** Electrical, Plumbing, Mechanical, Signs, Sewer/Water, Paving & Excavation in the public right of way. It is the duty of the Contractor/Applicant or Owner to assure that all required inspections are scheduled 24hrs in advance and approved by the Missoula County Building Inspector.

This issued permit becomes invalid unless the work authorized is commenced within 180 days of the date of issuance or after commencement of work if more than 180 days pass between inspections. By submitting this application, I am either the property owner or have the authority to bind the property owner to the conditions and requirements of this permit and affirm the information contained herein is true & correct. I hereby certify that I have read and examined this application. 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

\_\_\_\_\_  
PRINT PROPERTY OWNER NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR/AUTHORIZED AGENT

\_\_\_\_\_  
PRINT CONTRACTOR/AUTHORIZED AGENT

\_\_\_\_\_  
DATE

**\*\*\*FOR OFFICE USE ONLY BELOW THIS POINT\*\*\***

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:	
COMMENTS/ SQ. FOOTAGE OF:			
PLANS EXAMINER SIGNATURE		DATE	

VALUATION:	BUILDING FEE:	PLAN REVIEW FEE: 35% OF PERMIT FEE
CAPS FEE:	G & D/AP FEES:	PRINTING FEES:

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

\*\*DATE ROUTED FOR REVIEW: \_\_\_\_\_

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

INTERNAL NOTES