

BUILDING PERMIT APPLICATION

Missoula County Building Inspection Division

6089 Training Drive, Missoula MT 59808
 Office: (406) 258-3701 / Fax: (406) 258-4864 www.missoulacounty.build

INSTRUCTIONS

The applicant **must** fill out sections I, II, III, & 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. 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 #: _____
 MOBILE HOME PARK NAME: _____

✂ LEGAL DESCRIPTION: _____
 GEOCODE (IF KNOWN): _____

✂ TOTAL AREA :
 PROPERTY: _____ ACRES PROPOSED STRUCTURE: _____ SQ FT

✂ OTHER DEPARTMENTS:

GRADING & DRAINAGE: _____

NEED ADDRESS ASSIGNMENT? _____

CONNECTING TO CITY UTILITIES? _____

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): _____

SECTION II: PEOPLE INFORMATION

APPLICANT/CONTACT PERSON

NAME	PHONE #
EMAIL	

PROPERTY OWNER

NAME	PHONE #	
STREET ADDRESS		
CITY	STATE	ZIP CODE
EMAIL		

CONTRACTOR SAME AS OWNER

BUSINESS NAME	PHONE #	
NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL		

ARCHITECT/ENGINEER/DRAFTSPERSON (Please Circle)

NAME	PHONE #
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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, zoning, & floodplain. Furthermore, it is the duty of the General Contractor or owner 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 180 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.

MB # _____

AP # _____ LZ # _____

APPLIED DATE: _____ ISSUE DATE: _____

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)

SECTION IV: REQUIRED PLANS

- SITE PLAN
 FLOOR PLAN: ALL ROOMS & DIMENSIONS LABELED
 ELEVATIONS: ALL SIDES OF STRUCTURE
 FOOTING & FOUNDATION PLAN
 FLOOR, WALL & ROOF FRAMING PLANS
 WALL SECTION
 IF APPLICABLE: GRADING & DRAINAGE PLAN, ENGINEERING, TRUSS PACKAGE

✂

PRINT & SIGNATURE OF PROPERTY OWNER _____ DATE _____

✂

PRINT & SIGNATURE OF CONTRACTOR or AUTHORIZED AGENT _____ DATE _____

SECTION V: PLAN REVIEW (FOR OFFICE USE)

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

SECTION VI: FEES

VALUATION:	BUILDING FEE:	PLAN REVIEW FEE:
CAPS FEE:	G & D/AP FEES:	TOTAL DUE:

INITIAL FEES PAID: _____

\$ _____ DATE: _____
 CASH CHECK # (_____) CREDIT/DEBIT CARD

FINAL FEES PAID: _____

\$ _____ DATE: _____
 CASH CHECK # (_____) CREDIT/DEBIT CARD

INTERNAL NOTES