



Community Development Department  
 Building Division  
 2 Park Drive South  
 P.O. Box 5021  
 Great Falls, MT 59403  
 406-455-8430

**For Office Use Only:**

Date Received: \_\_\_\_\_

Permit #: \_\_\_\_\_

Zoning Permit #: \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

(Complete all applicable items)

Site Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Valuation of Work: \_\_\_\_\_ Construction Type \_\_\_\_\_ Occupancy Type \_\_\_\_\_ Fire Sprinkler ( )

Type of Building: 1-2 Family Dwelling ( ) Multi-Family ( ) Commercial ( )  
 New ( ) Addition ( ) Remodel ( )

Total Building Sq. Ft: \_\_\_\_\_ # Floors: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_

Deck Sq. Ft: \_\_\_\_\_ Garage Sq. Ft: \_\_\_\_\_ Basement Sq. Ft: \_\_\_\_\_ Finished ( ) Unfinished ( )

**APPLICANT:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PLUMBING CONTRACTOR:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MECHANICAL CONTRACTOR:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ELECTRICAL CONTRACTOR:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby certify that the above information is correct and the construction on, and the occupancy of the above described property will be in accordance with the laws, rules, and regulations of the State of Montana.

**A written letter of authorization from the property owner, if other than the applicant, shall be submitted indicating knowledge of the applicant's intent.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Permit Entered By:	Fees Due:	Design Review Approval	Building Dept. Approval