



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

For Office Use Only: Date Received: _____ Permit #: _____
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DEMOLITION APPLICATION

(Complete all applicable items)

Site Address: _____ Valuation of Work: _____ Type of Structure: _____ Description of Work: _____ _____

APPLICANT: _____ Phone: _____ Mailing Address: _____ _____ State _____ Zip Code _____ PROPERTY OWNER: _____ Phone: _____ Mailing Address: _____ _____ State _____ Zip Code _____ GENERAL CONTRACTOR: _____ Phone: _____ Contact Name: _____ Mailing Address: _____ State _____ Zip Code _____
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Northwestern Energy, N. End of 15 th St Bridge	_____	Date
Energy West, 9 th St & 9 th Ave N	_____	Date
City Water Dept., Public Works, 1025 25 th Ave NE	_____	Date
Engineering Dept., Public Works, 1025 25 th Ave. NE	_____	Date
Great Falls Fire Rescue, 105 9 th St. S	_____	Date
Ellen Sievert, Historic Preservation Officer, Civic Center, Room 4, 455-8435 or 455-8438	_____	Date

NOTE: Asbestos material being disposed of shall be transported to an accredited disposal site by an accredited abatement contractor. I understand these requirements for the removal and disposing of asbestos.

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