

## **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

2024 www.missoulacounty.build APPLIED DATE: ROUTE DATE:\_\_\_ ISSUED DATE:\_

AP #\_\_\_\_LZ #\_\_

MB #\_

## INSTRUCTIONS

<u>All sections must be completed with the required information, or the application will not be processed.</u> 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)

- 0 Land Use Permit Application
- Design criteria summary information 0
- Site Plan Property boundaries, all structures labeled, distances to all property lines, well, septic & other structures 0
- 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 & beamsizes
- Wall Section Cut through of structure detailing everything from bottom of footer through top of roof 0
- Truss Package Deferred submittal Required prior to framing inspection

<ul> <li>If Applicable – Grading/Drainage</li> <li>PROJECT ADDRESS:</li> </ul>	,	• •	Suite#	Unit#	Apt#
Please use www.gis.missoulacounty.us to	confirm address is in Missoula (	County & not City of Miss	oula		
*If your property does not have an a	nddress, enter, XXXX Street Na	ame and apply for an A	ddress/Ap <sub>l</sub>	oroach Permit	
*Is your project connecting to or have connection Approval Letter <u>PRIOR</u> to	·	•	must recei	ve a City of Mis	soula Utilitie
CITY:	ZIP CODE:	Mobile Hom	ne Park:		
GEOCODE FOR PROPERTY	(	OR TAX ID#			
Property Acres Existi	ing Structures Total Sq.Ft	Propose	d Structure	Sq.Ft	
	RESIDENTIA	AL PROJECT			
Single Family ResidenceD			dential Ren	nodel/Addition	
Detached Accessory Structure	Foundation Only	SolarRe-R	oof	_Deck Remodel	/Addition
	COMMERCIA	AL PROJECT			
New ConstructionAddition/F			se Renewa	lSolar	Racking Syste
	RemodelCell TowerC	Cannabis/Alcohol Licen			
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## **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			Pi	PRINT PROPERTY OWNER NAME  PRINT CONTRACTOR/AUTHORIZED AGENT				DATE  DATE	
SIGNATURE OF CONTRACTOR/AUTORIZED AGENT									
	k	***FOR C	FFICE	USE C	NLY B	ELOW	THIS POINT*	***	
CONSTRUCTION TYPE	OCCUPANCY TYPE	MAX OC. LOAD	SMOKE DE	ETECTOR REQI	UIRED?				
NUMBER OF STORIES	DWELLING UNITS (#)	■ PHASE II	SPRINKLE	RS REQUIRED	?				
PLAN REVIEW	DATE/TIME/INITIALS	COMMENTS:							
COMMENTS/ SQ. FOOT	AGE OF:								
PLANS EXAMINER SIGNATURE DATE									
VALUATION:		BUILDING F	EE:	PLAN RE	VIEW FEE:	30% OF PEF	RMIT FEE		
CAPS FEE:		G & D/AP FE	ES:	PRINTING	FEES:				
REVIEW FEES F	PAID: \$		DAT	E:		CASH	☐ CHECK#(	)	☐ CREDIT/DEBIT CARD
PERMIT FEES P	PAID: \$		DATI	E:		CASH	☐ CHECK#(	)	☐ CREDIT/DEBIT CARD
				INTERI	NAL NOT	ES			