

PERMIT NO. _____ Date Issued _____

POST THIS CARD AT OR NEAR FRONT OF BUILDING
Missoula County Building Division

Job Address _____	Type _____	Occupancy _____
Business Name (if Applicable) _____		
Nature of Work _____		
Use of Building _____		
Owner _____		
Contractor _____		

INSPECTOR MUST SIGN ALL SPACES PERTAINING TO THIS JOB.

Inspection Record	Date	Inspector
Footings:		
Mono Slab _____		
Sonotubes _____		
Footing Forms _____		
Reinforcing/Struc-Slab Reinforcement _____		
Interior Footings _____		

POUR NO CONCRETE UNTIL ABOVE HAS BEEN SIGNED.

Masonry Grout Lift _____		
Foundation Wall _____		
Damp Proofing / Water Proofing _____		

POUR NO CONCRETE UNTIL ABOVE HAS BEEN SIGNED.

Groundwork:		
Electrical _____		
Plumbing _____		
Mechanical _____		
Gas Piping _____		

DO NOT POUR FLOOR UNTIL ABOVE HAS BEEN SIGNED.

Interior Inspections:		
Floor Framing _____		
Shear Walls OK to wall / Roof Nailing _____		
Flashings / Wrap _____		
Service _____		
Rough _____		
Rough Plumbing _____		
Rough Gas Piping _____		
Rough Mechanical _____		
Gas & Mechanical Equipment _____		
(Above must be signed prior to framing inspection.)		
Framing _____		
Insulation _____		

COVER NO WORK UNTIL ABOVE HAS BEEN SIGNED.

Interior Finish:		
Drywall _____		
Multi-Layer (Firewalls) _____		
Ceiling Grid _____		
Other: _____		
Exterior Finish:		
Roofing: Dry-In _____		
Siding _____		
Final:		
Electrical _____		
Plumbing _____		
Mechanical _____		
<input type="checkbox"/> Blower Door Test Required _____		
<input type="checkbox"/> Msla Rural Fire: 549-6172 _____		
<input type="checkbox"/> County Fire: 258-3632 _____		
<input type="checkbox"/> Land Use/Zoning/Floodplain Compliance: 258-4657 _____		
Building _____		

OK FOR CERTIFICATE OF OCCUPANCY
 Email C of O request to permits@missoulacounty.us