

Date Stamp:

CITY OF GREAT FALLS
PLANNING & COMMUNITY DEVELOPMENT DEPT.
P.O. BOX 5021, GREAT FALLS, MT, 59403 5021
406.455.8430 • WWW.GREATFALLSMT.NET

LAND USE APPLICATION

Name of Project (if applicable):

Project Address:

Applicant/Owner Name:

Mailing Address:

Phone:

Email:

Representative Name:

Phone:

Email:

- Annexation by Petition: \$500
- Preliminary Plat, Major: \$1,500 + \$50/lot
- Final Plat, Major: \$1,500 + \$25/lot
- Minor Subdivision: \$1,250
- Zoning Map Amendment: \$2,000
- Conditional Use Permit: \$1,500
- Planned Unit Development: \$2,000
- Amended Plat, Non-administrative: \$1,000

LEGAL DESCRIPTION:

Lot/Block/Subdivision:

Section/Township/Range:

ZONING (ZONING MAP AMENDMENT ONLY):

LAND USE (CONDITIONAL USE ONLY):

Current:

Proposed:

Current:

Proposed:

I (We), the undersigned, understand that the filing fee accompanying this application is not refundable. I (We) further understand that the fee pays for the cost of processing, and the fee does not constitute a payment for approval of the application. I (We) further understand that public hearing notice requirements and associated costs for land development projects are my (our) responsibility. I (We) further understand that other fees may be applicable per City Ordinances. I (We) also attest that the above information is true and correct to the best of my (our) knowledge.

Applicant/Owner's Signature:

Date:

Representative's Signature:

Date:

Land Use Application Checklist

All applicants are required to complete and submit the Land Use Application, associated fee, checklist, and required material per the checklist for the proposed development. This fee is non-refundable whether the request is approved or not. No processing will be performed until this fee has been paid. The applicant will also be responsible for the costs associated with publishing the legal ad. Per the Official Code of the City of Great Falls (OCCGF) Title 17 - Land Development Code, applicants requesting any of the following developments noted in the chart below are required to have a pre-submittal meeting with City Staff. Further, when directed by the City, the applicant will be required to present the proposed development to the Neighborhood Council.

APPLICANT SHALL SUBMIT ALL INFORMATION THAT IS MARKED REQUIRED BY STAFF FOR A COMPLETE SUBMITTAL

Completeness Checklist		Req.	App.	Staff
Annexation by Petition	Annexation requires an aerial exhibit or an amended plat/certificate of survey of the property to be annexed. Applicant is also required to submit a narrative of the proposed use of the property to be annexed and the requested zoning to be established.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preliminary Plat, Major Subdivision	All major subdivisions require the approval of a preliminary plat. Submittal for the preliminary plat process also requires a narrative of the project as well as submittal of all information outlined in Table 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Plat, Major Subdivision	A final plat is required for each phase of a major subdivision. Submittal for final plat also requires submittal of all information outlined in Table 2. This information shall be submitted before the project will be put on an agenda for the Planning Advisory Board. Before a final plat can be recorded, all information noted in Table 2 must be approved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Subdivision	All minor subdivisions require a narrative of the project and a site plan showing compliance with the Development Standards as stated in the OCCGF as well as submittal information to show compliance with stormwater regulations (See Table 3), and a minor subdivision plat (See Table 2).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoning Map Amendment	Zoning map amendments require an exhibit of all properties to be proposed for the rezone, a narrative explaining the reasons for the rezone request, as well as submittal information to show compliance with stormwater regulations (See Table 3).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditional Use Permit	A conditional use permit requires a narrative explaining the project and the reason for the request of a conditional use permit along with a site plan of the project (See Table 3).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned Unit Development	A planned unit development request requires the submittal of a narrative explaining the project and reason for the request of a planned unit development. The submittal also requires the applicant to provide requested development standards that differ from those put forth in the OCCGF, a site plan showing the requested standards, as well as submittal information to show compliance with stormwater regulations (See Table 3).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amended Plat, Non-Administrative	Any amended plat altering six or more lots is required per State Statute to be reviewed by the governing body. This submittal requires a narrative of the project and an amended plat (See Table 2 for requirements).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Land Use Submittal Checklist - (continued)

APPLICANT SHALL SUBMIT ALL INFORMATION THAT IS MARKED REQUIRED BY STAFF FOR A COMPLETE SUBMITTAL

Table 1 - Preliminary Plat Checklist		Req.	App.	Staff
General Plat Requirements	Plat shall include all applicable items per Title 17 - Appendix A :			
	▪ Title Block - Title shall contain the words amended plat, subdivision, or certificate of survey (COS), the legal description, and the quarter section, section, township, range, principal meridian and county	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Name of owners, adjoining platted subdivision names, and adjoining COS numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ North arrow, scale and description of monuments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Legal description of boundary perimeters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ All lots and blocks in the subdivision designated by number, the dimensions of each lot and block, the area of each lot, and the total acreage of all lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ All streets, alleys, avenues, roads and highways; their widths and bearings; the width of all right-of-way; and the names of all streets, roads, and highways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ The location, dimensions and areas of all parks, common areas, and all other grounds dedicated for public use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Date of survey and purpose statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show all phases if project is phased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans and Supplemental Information	One (1) hardcopy of all plans, all manuals, and one (1) electronic submittal via CD or thumb drive are to be submitted and contain the following items:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Conceptual Plans for Public Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Preliminary Soils/Geotechnical Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Estimated Water and Wastewater Demands/Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Preliminary Drainage Plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Any Special Funding Proposal for Public Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Preliminary Easements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 2 - Final Plat and Minor Subdivision Checklist		Req.	App.	Staff
General Plat Requirements	Plat shall include all applicable items per Title 17 - Appendix A and the Cascade County Clerk and Recorder Checklist:			
	▪ Title Block - Title shall contain the words amended plat, subdivision, or certificate of survey (COS), the legal description, and the quarter section, section, township, range, principal meridian and county	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Name of owners, adjoining platted subdivision names, and adjoining COS numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ North arrow, scale and description of monuments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Legal description of boundary perimeters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ All lots and blocks in the subdivision designated by number, the dimensions of each lot and block, the area of each lot, and the total acreage of all lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ All streets, alleys, avenues, roads and highways; their widths and bearings; the width of all right-of-way; and the names of all streets, roads, and highways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ The location, dimensions and areas of all parks, common areas, and all other grounds dedicated for public use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Date of survey and purpose statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ The signature and seal of the registered land surveyor responsible for the survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Land Use Submittal Checklist - (continued)

**APPLICANT SHALL SUBMIT ALL INFORMATION THAT IS MARKED REQUIRED BY STAFF
FOR A COMPLETE SUBMITTAL**

Table 2 - Final Plat and Minor Subdivision Checklist (cont.)		Req.	App.	Staff
Signatures and Certifications (continued)	Plat shall include all items per Title 17 - Appendix A and the Cascade County Clerk and Recorder Checklist in order to obtain the needed signatures for recording of the plat:			
	▪ Certification by the governing body that the final subdivision plat is approved, such certification shall include the acceptance of any dedicated land and improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ In the absence of full dedicated park land, a certification by the governing body waiving park dedication or accepting cash donation in lieu of dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Certification by the applicable Planning Board that it has examined the subdivision plat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Signature of the landowner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Certification of the County Treasurer that all real property taxes and special assessments levied on the land to be subdivided have been paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Approval statement from MDEQ and/or City-County Health Department or the Exemption stamp from City-County Health Department where subdivision is exempt from Montana Sanitation in Subdivisions Act (COSA or MFE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans and Supplemental Information	Three (3) hardcopies of all plans, one (1) copy of all manuals, and one (1) electronic submittal will be submitted and contain the following items (all plans and reports shall be prepared by a Montana licensed Professional Engineer):			
	▪ Final Plans and Specifications, including applicable sanitary sewer, storm drainage/grading, street, water and traffic control facilities,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Final Storm Drainage/Water Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Final Sanitary Sewer and Water Design Reports (Reports shall be prepared by in accordance with MDEQ requirements and standards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ All other required Design Reports (i.e., traffic generation, geotechnical, pavement and roadway design)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Wastewater Industrial Pretreatment Survey for all developments except for projects containing only single or multi-family residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Copy of Letter certifying that the Developer will be responsible for the cost of full-time construction inspection services provided by the City Engineering Division or a Consultant Engineering firm. Check with City Engineering Division for inspections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Original executed Easements for Public Infrastructure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Land Use Submittal Checklist - (continued)

**APPLICANT SHALL SUBMIT ALL INFORMATION THAT IS MARKED REQUIRED BY STAFF
FOR A COMPLETE SUBMITTAL**

Table 3 - Site Plan Checklist		Req.	App.	Staff
Site Plan Requirements	Site Plan shall include all applicable items per Title 17 - Appendix A :			
	▪ Title Block containing project name, developer and landowner name, north arrow, graphic scale, property boundaries, and acreage of subject property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Land Use/Development Standards tables with applicable information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Existing buildings and site amenities as applicable including; contours, wetlands, existing vegetation, water resources, floodplains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ All proposed buildings and site features including, access drives, pedestrian facilities, parking, landscaping, and lighting per Title 17 requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ All proposed utilities and stormwater facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans and Supplemental Information	One (1) copy of all plans, all manuals, and one (1) electronic submittal via CD or thumb drive are to be submitted and contain the following items:			
	▪ Conceptual Plans for Public Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Preliminary Soils/Geotechnical Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Estimated Water and Wastewater Demands/Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Preliminary Drainage Plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Any Special Funding Proposal for Public Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Preliminary Easements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building Permit Application Requirements

Commercial, Industrial, Multi-Family: New Construction, Addition, Tenant Improvement, Renovation, Shell Only

All plan submittals, including fire suppression and public works submittals, shall be submitted to the Planning and Community Development Department. Applications with submittal information found incomplete will be returned to the applicant. Only submittals that are found complete will be accepted into the building permit process for review. The Planning and Community Development Department will not store or hold incomplete plans. The time required to conduct reviews will depend on the completeness of the information the city receives in the plans.

Construction documents shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that they will conform to the provisions of this code and relevant laws, ordinances, rules and regulations, as determined by the Building Official. (IBC 107.2.1)

ALL SUBMITTALS MUST BE APPROVED PRIOR TO ISSUANCE OF BUILDING PERMIT AND START OF CONSTRUCTION.

THIS CHECKLIST IS NOT INTENDED TO COVER ALL CIRCUMSTANCES DEPENDING ON THE SCOPE AND COMPLEXITY OF YOUR PROJECT, ADDITIONAL INFORMATION MAY BE REQUIRED

Completeness Checklist (One electronic copy of all submittals are required)		Req.	App.	Staff
Building Permit	<p>Application shall be completed in full and provide a main point of contact. A complete application includes:</p> <ul style="list-style-type: none"> • A letter from the building/property owner or agent authorizing work to be done is required with the application. • A completed Utility Locate Form (Complete no more than 30 days prior to issuance of building permit) <p>A fee schedule can be requested from the Building Division at 406-455-8430.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Address	Mapping & Addressing shall review the plans for proper addressing. Addresses shall be assigned prior to building permit application submittal. Contact City of Great Falls, Mapping & Addressing at 406-455-8437 for verification of existing or new addresses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design Review Board	If applicable, project has been submitted and/or approved by the Design Review Board. Building permit shall not be issued until approval has been obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soils and Geo-tech Report	Three (3) complete reports signed and stamped by a State of Montana licensed design professional are required to be submitted. Report shall coordinate with foundation design and be project specific. Plans will not be accepted until Soils and GEO-Tech report is submitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust Control Plan And SWPPP	<p>A Dust Control Plan shall be required for all projects except for interior remodels. The Dust Control Plan form is available at the Planning and Community Development Department or found on City of Great Falls web site.</p> <p>Stormwater Pollution Prevention Plan (SWPPP) is required for all projects equaling and over 10,000 sq ft of disturbance. See Erosion Control Plan Checklist requirements. For additional information and questions call the Environmental Division at 406-727-8390.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City/County Health Department (Where applicable)	Plan review by City/County Health is separate from the building plan review. Plan layout must show all restaurant equipment, coolers, exhaust hoods, etc; as well as all plumbing fixtures. Contact Sanitarian that is performing plan review at 406-454-6950.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building Permit Application Requirements

Commercial, Industrial, Multi-Family: New Construction, Addition, Tenant Improvement, Renovation, Shell Only

Completeness Checklist (Continued)		Req.	App.	Staff	
Building Permit Plan Set	All items on this list shall be included on the plans in order for the City of Great Falls Building Division to review the plans:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Three (3) complete sets shall be stamped and signed by a State of Montana Licensed Design Professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Cover sheet data information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Building CODE ANALYSIS (Can be included on cover sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Civil drawings, including overall site plan, grading and utility plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Site Accessibility Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Photometric Plan - where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Landscape Plan - where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Minimum paper size shall be 11" X 17", but must be legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Plans shall be drawn to a scale before or after photocopying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Plans shall be marked "Building Permit Set"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Plan review may require additional information. <i>Redlining</i> plans is <u>not</u> acceptable and no loose sheets will be accepted or attached to the plans at the counter				
	Public Works Submittals	All items listed in the checklists that correspond to the project type that the building permit is applied for are required to be submitted in addition to the Building Permit Plan Set.			
Public Improvements - (No Subdivision)					
Submittal can be combined with the applicable building/paving project requirements					
▪ Three (3) Copies of Civil Plans and Specifications. All plans shall be prepared by a Montana licensed Professional Engineer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ One (1) Copy of all Design Reports (Geotechnical Report, Pavement and Roadway Design, Storm Drainage Manual, Sanitary Sewer & Water Design Reports)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Copy of Easements/Right-of-Way Documents for Public Infrastructure. Include check payable to Cascade County for the cost of the filing and recording fees		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Copy of MS-4 Post-Construction Stormwater Management Plan Checklist and its required contents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Original letter from the Developer certifying that the Developer will be responsible for the costs associated with full-time Construction Inspection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building/Paving Projects ≥ 15,000 ft Impervious Area					
▪ Three (3) Copies of Site Civil Plans. Plans shall include site layout, grading/drainage, utilities, sidewalks and pavement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ One (1) Copy of all Design Reports (Geotechnical Report, Pavement and Roadway Design, Sanitary Sewer & Water Design Reports)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Copy of the Storm Drainage Plans and Design Report. The Plans and Report shall be prepared by a Montana licensed Professional Engineer and shall be in accordance with the City's Storm Drainage Design Manual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Copy of Maintenance Agreement for Privately Owned Stormwater Management Facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Building Permit Application Requirements

Commercial, Industrial, Multi-Family: New Construction, Addition, Tenant Improvement, Renovation, Shell Only

Completeness Checklist (Continued)		Req.	App.	Staff	
Public Works Submittals (Continued)	<ul style="list-style-type: none"> ▪ Copy of final MS-4 Post-Construction Stormwater Management Plan Checklist and its required contents ▪ Copy of wastewater Industrial Pretreatment Survey and/or Industrial Pretreatment Permit application and fee, as applicable ▪ Copy of mechanical\plumbing plan and profile, restaurant equipment; as well as, all plumbing fixtures and specification for Fats Oils and Grease control best management practices for Food Service Establishments, coffee shops and kiosks and other facilities deemed applicable ▪ Copy of proposed best management practices to meet the industrial pretreatment dental amalgam rule, as applicable. ▪ Original letter from the Developer certifying that the Developer will be responsible for the costs associated with full-time Construction Inspection ▪ Copy of the Plat and/or COS and/or documents for any Easements needed 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Building/Paving Projects < 15,000 ft Impervious Area				
	<ul style="list-style-type: none"> ▪ Three (3) Copies of Site Civil Plans. Plans shall include site layout, grading/drainage, utilities, sidewalks and pavement ▪ Copy of wastewater Industrial Pretreatment Permit Application and application fee, as applicable ▪ Copy of mechanical\plumbing plan, profile and specification for Fats Oils and Grease control best management practices for Food Service Establishments, coffee shops and kiosks and other facilities deemed applicable ▪ Copy of proposed best management practices to meet the industrial pretreatment dental amalgam rule, as applicable ▪ Copies of the Storm Drainage Plans and Design Report, Maintainace Agreement for Privately Owned Stormwater Management Facilities and all other Design Reports if required ▪ Original letter from the Developer certifying that the Developer will be responsible for the costs associated with full-time Construction Inspection 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	For additional information and questions call the Engineering Division at 406-771-1258 and the Environmental Division at 406-727-8390.				
	Fire Suppression & Alarm Requirements	<p>Require separate application from the building permit. Applications for fire suppression, hood suppression and alarm systems may be found online at: https://greatfallsmt.net/planning/fire-alarm-and-sprinkler-permit-application. Four (4) complete sets of fire sprinkler, hood suppression systems, alarm plans along with product details and all calculations shall be submitted. Plans must include:</p> <ul style="list-style-type: none"> ▪ Fire sprinkler riser detail and location ▪ Backflow preventer, type, size, make, model and location <p>Fire suppression and alarm plans may be deferred by pre-approval from the Building Division only.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commercial Building Permit Set Submittal Requirements

Commercial, Industrial, Multi-Family: New Construction, Addition, Tenant Improvement, Renovation, Shell Only

Submit three (3) full sets for building permit review to the Planning and Community Development Department.

Construction documents shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that they will conform to the provisions of this code and relevant laws, ordinances, rules and regulations, as determined by the Building Official. (IBC 107.2.1)

The time required to conduct reviews will depend on the completeness of the information the city receives in the plans.

THIS CHECKLIST IS NOT INTENDED TO COVER ALL CIRCUMSTANCES DEPENDING ON THE SCOPE AND COMPLEXITY OF YOUR PROJECT, ADDITIONAL INFORMATION MAY BE REQUIRED

Commercial Plan Submittal Technical Review		Req.	App.	Staff
Cover Sheet	▪ Vicinity map, land use zoning, north arrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Table of contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Specify if protected by fire sprinkler & fire alarm systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code Analysis	▪ CODE ANALYSIS which includes allowable area calculations, number of stories, height of building, type of occupancy, total occupant load, type of construction, area of building & fire areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ If IEBC is used, include Alteration Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil, Site, Grading, and Utility Plan	▪ It shall be the sole responsibility of the owner /contractor / authorized agent to determine and locate in the field and show on plans any applicable easements, gas, sanitary sewer, utility lines or other obstructions to construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Scale shall be a minimum of 1"=20'-0" prior to and after photocopying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show all property lines with dimensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show all setbacks (front, rear and all sides), dimensioned in feet and inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show all easements, accesses and right-of-ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show all sidewalks, curb & gutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show building footprints including porches, exterior stairs, chimneys, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show detailed elevation of foundation relative to the curb & gutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ For sloped lots, show existing slopes and proposed slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show drainage and retention of storm drainage on lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show designated "Fire Department Access Roadways" with adjoining streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show "Fire Hydrant(s)" location on plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show all parking stalls with dimensions including number of parking stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show accessible parking spaces with accessible parking signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show on site sidewalks and ramps including grade and cross-slope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show locations of trash & collection areas including screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show location of all retaining walls (walls greater than 4 feet in height from bottom of footing to top of wall shall include structural details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ All drawings Shall be stamped by a State of Montana licensed design professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demolition Plan (where applicable)	▪ Contact the Building Division for specific project requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Contact the Engineering Division for abandoned service lines and inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commercial Building Permit Set Submittal Requirements (Continued)

Commercial, Industrial, Multi-Family: New Construction, Addition, Tenant Improvement, Renovation, Shell Only

Commercial Plan Submittal Technical Review (continued)		Req.	App.	Staff
Landscape Plan (where applicable)	<ul style="list-style-type: none"> ▪ Requirements found in OCCGF, Title 17, Chapter 44 Landscaping ▪ Show plant schedule, with common and botanical name of material, number of each species and size of material proposed and seeding specifications if applicable ▪ Show types of ground cover (bark mulch, rock mulch, sod or seeding, etc.) ▪ Irrigation plan, including backflow preventer (location of head underground) 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Photometric Plan (Exterior Lighting)	<ul style="list-style-type: none"> ▪ Shall be separate submittal from the electrical plan. ▪ Requirements found in OCCGF, Title 17, Chapter 40, exhibit 40-1 Outdoor Lighting ▪ Show all foot candles with chart showing maximum average light level, see exhibit 40-1 Outdoor Lighting ▪ Fixture specifications shall be submitted if not previously approved during Design Review Board process ▪ Shall match the electrical plans 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Accessibility Review	<ul style="list-style-type: none"> ▪ Projects will not be reviewed for compliance with the Americans with Disabilities Act of 1990 (ADA) since the City is not responsible for assuring compliance with the ADA. The project will be reviewed based upon the accessibility requirements of the currently adopted edition of the International Building Code and International Code Council/American National Standard Institute-A117.1. ▪ ALL projects affecting primary function areas, restrooms, accessible routes, public facilities, parking, etc. shall be included on completed architectural/structural plans. ▪ Show accessibility details conforming to the current adopted editions of the International Codes and the ICC/ANSI A117.1 for service areas, restrooms, break rooms, drinking fountains, etc., including locations of fixtures, grab bars, counter top heights, signage, and other amenities required to be accessible. 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Structural Plans with Specifications (plans shall be stamped and signed by a State of Montana licensed design professional)	<ul style="list-style-type: none"> ▪ Structural plans may be deferred with pre-approval from the Building Department only ▪ Provide a Statement of Special Inspection in accordance with IBC 1705 and identify all special inspections on plans ▪ Show footings, piers, grade beams, helical piers with reinforcement details ▪ Show difference in elevations, hold down types and locations, hold details for anchor bolts or other anchors ▪ Show wall framing with bracing details ▪ Show structural building sections ▪ Actual weight of all rooftop equipment shall be printed on the plans ▪ Show floor framing plan with details ▪ Show roof framing plan with details ▪ Submit truss certificates. Deferred submittal may be accepted if pre-approved by the Building Division. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Commercial Building Permit Set Submittal Requirements (Continued)

Commercial, Industrial, Multi-Family: New Construction, Addition, Tenant Improvement, Renovation, Shell Only

Commercial Plan Submittal Technical Review (continued)		Req.	App.	Staff
Pre-Fabricated Steel Buildings	▪ Erection Plans shall be marked "FOR CONSTRUCTION" and stamped by a State of Montana licensed professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Deferred submittal may be accepted if pre-approved by the Building Division and there is direct correlation shown between the foundation and building design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architectural (plans shall be stamped and signed by a State of Montana licensed design professional)	▪ Specify the intended use of the building and list different occupancies on the plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show egress plan, occupant load and travel distance for each floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Identify all elements of the means of egress system (i.e. corridor, exit enclosures, etc.) for each floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show labeling and usage of all rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show roof plans, elevations, and wall sections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show all components of thermal envelope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show cross-sections, at least one (1) in each direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show door and window schedule with all associated hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show fire-resistance-rated assembly details at shafts, vertical exit enclosures, corridors, etc. Specify UL listings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show all stair and shaft details including interior changes of elevations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show ramp details as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show landings, risers, treads, hand and guardrails, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show acoustical ceiling installation layout including an approved ceiling system and current ICC evaluation services report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show fire sprinkler riser and stand pipe location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Show emergency generator and fuel tank location (may be omitted on civil plans if one or both are installed outdoors).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Energy Code Analysis (Incorporated into plans)	▪ COMcheck analysis printed on plans, if used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Lighting fixture schedule printed on plan (fixture type, wattage, ballast bulb type, fixture count and switching requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Mechanical energy compliance printed on plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Heating and cooling load calculation printed on plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical/Gas (plans shall be stamped and signed by a State of Montana licensed design professional)	▪ Show locations of HVAC equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Mechanical equipment schedule shall be printed on plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Gas piping shall be sized and printed on plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show medium and low pressure gas piping locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show supply and return duct locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show fire and smoke damper locations with "listed" assemblies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show exhaust hood(s) and duct locations in the kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show a detailed layout of all restaurant/bar equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Restaurant/bar equipment schedule shall not be deferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Restaurant/bar equipment schedule shall be printed on plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Include a food menu for the establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show dryer exhaust duct locations and sizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show access to mechanical equipment on roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show required guardrails around all equipment next to a fall zone greater than 30"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commercial Building Permit Set Submittal Requirements (Continued)

Commercial, Industrial, Multi-Family: New Construction, Addition, Tenant Improvement, Renovation, Shell Only

Commercial Plan Submittal Technical Review (continued)		Req.	App.	Staff
Plumbing (plans shall be stamped and signed by a State of Montana licensed design professional)	▪ Plumbing shall be sized and printed on the plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show location of all plumbing fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Fixture schedule, shall be printed on the plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Isometric drawings may be requested for complex systems as determined by the plans examiner or inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show location of kitchen pre-treatment equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show location of all grease interceptor(s) and size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show roof and overflow drain lines and sizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show independent supply line for chemical dispensers in janitorial closets or kitchens that shall be backflow protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show backflow preventer(s) locations and type of backflow assemblies on plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show all medical gas systems on plans (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical (plans shall be stamped and signed by a State of Montana licensed design professional)	▪ Fixture schedule shall be printed on the plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show service size and location of outside disconnect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show a one (1) line diagram of service, metering details and sub-panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show panel locations, sizes and schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show outlet layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show lighting and switch layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show fixture schedule on plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show exit signage with locations and specify direction, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show emergency lighting with locations, type, power source and height, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Show standby and emergency power source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Show locations of ground-fault-circuit-interrupters, arc-fault, ground fault and any other protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Show hazardous locations and specify wiring methods including details of seal-offs, materials, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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 BUILDING DIVISION
 2 PARK DRIVE SOUTH
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 GREAT FALLS, MT 59403-5021
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Permit #: _____

BUILDING PERMIT APPLICATION (Complete all applicable items)

Address/Name of Project: _____
 Applicant: _____ Mailing Address: _____
 Phone: _____ Email: _____
 Point of Contact (required): _____
 Phone: _____ Email: _____
 Property Owner: _____ Mailing Address: _____
 Phone: _____ Email: _____

Description of Work: _____

Valuation of Work: _____
 Construction Type: _____
 Occupancy Type: _____
 Fire Sprinkler: Yes No

Type of Building: New Addition Remodel
 1-2 Family Dwelling Multi-Family Commercial Industrial
 Total Building Sq.Ft: _____ #Floors: _____ #Bedrooms: _____ #Bathrooms: _____
 Deck Sq Ft: _____ Garage Sq. Ft: _____ Basement Sq. Ft: _____ Finished Unfinished

General Contractor: _____ Contact Name: _____
 Mailing Address: _____
 Phone: _____ Email: _____
 Plumbing Contractor: _____ Contact Name: _____
 Mailing Address: _____
 Phone: _____ Email: _____
 Mechanical Contractor: _____ Contact Name: _____
 Mailing Address: _____
 Phone: _____ Email: _____
 Electrical Contractor: _____ Contact Name: _____
 Mailing Address: _____
 Phone: _____ Email: _____

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: _____

* Applicant will be responsible for plan review fee if application is deemed abandoned after 180 days.

FOR OFFICE USE ONLY:

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

Date Stamp:

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APPEAL APPLICATION

CONDITION FOR APPEAL

Appeal means a process initiated by an aggrieved party to review where it is alleged that an administrative official responsible for administering the Land Development Code, housing and building regulations, or the Community Development Block Grant Program: (1) failed to act as required; (2) made an error in issuing a permit or in denying an application; (3) made an error in enforcement; or (4) made an error in an interpretation or any other determination.

Name of Project (If applicable):

Project Address (If applicable):

Applicant/Owner Name:

Mailing Address:

Phone:

Email:

Representative Name:

Phone:

Email:

Appeal Request :

Basis for Request (Attach narrative outlining the request in detail):

I (We) attest that the above information is true and correct to the best of my (our) knowledge. NOTE: If the applicant is not the owner of record, the signature of the owner of record must also be obtained.

Applicant/Owner's Signature:

Date:

Representative's Signature:

Date:

Appeal Application

The table below contains the requirements for a complete Appeal application site plan. The requirement must be submitted unless waived by a planner at a pre-submittal meeting. City Staff will place an X in the box for all required submittal items. Applicant will

Site Plan Checklist		Req.	App.	Staff
Site Plan Requirements	Site Plan shall include all applicable items per Title 17 - Appendix A :			
	▪ Title Block containing project name, developer and landowner name, north arrow, graphic scale, property boundaries, and acreage of subject property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Land Use/Development Standards tables with applicable information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Existing buildings and site amenities as applicable including; contours, wetlands, existing vegetation, water resources, floodplains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ All proposed buildings and site features including, access drives, pedestrian facilities, parking, landscaping, and lighting per Title 17 requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ All proposed utilities and stormwater facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Processing the Application

All property owners within 150' of the subject appeal are notified by letter of the request and the date and time of the hearing. They may address any comments, questions or concerns at the hearing or send written material to the Planning & Community Development Department.

All information and supporting documents become the property of the City and cannot be returned to you. They will be filed with your property file.

Appealing a Board of Adjustment Decision

Under Montana Stat Law, you have the option of appealing any ruling made by the Board of Adjustment. The applicant an/or aggrieved person may appeal a final decision, made by the Board of Adjustment, by filing an appeal with a court of competent jurisdiction within 30 days of the final decision. (See: 76-2-327(1), MCA)

Date Stamp:

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ADMINISTRATIVE PLAT APPLICATION

Name of Project (if applicable):

- Relocation of Common Boundary Line: \$200
- Aggregation of Lots: \$200
- Retracement: No Fee

Project Address (if applicable):

Applicant/Owner Name:

Mailing Address:

Phone:

Email:

Surveyor's Name:

Phone:

Email:

LEGAL DESCRIPTION:

Lot/Block/Subdivision:

Section/Township/Range:

I (We), the undersigned, understand that the filing fee accompanying this application is not refundable. I (We) further understand that the fee pays for the cost of processing, and the fee does not constitute a payment for approval of the application. I (We) further understand that public hearing notice requirements and associated costs for land development projects are my (our) responsibility. I (We) further understand that other fees may be applicable per City Ordinances. I (We) also attest that the above information is true and correct to the best of my (our) knowledge.

Applicant/Owner's Signature:

Date:

Surveyor's Signature:

Date:

Administrative Plat Checklist

All applicants are required to complete and submit the Administrative Plat Application, checklist, fee and required material per the checklist for the proposed request.

APPLICANT SHALL SUBMIT ALL INFORMATION THAT IS MARKED REQUIRED BY STAFF FOR ALL SURVEY REVIEWS. IF USING THE MUNICIPAL FACILITIES EXEMPTION, ADDITIONAL INFORMATION MAY BE REQUIRED

Administrative Plat Checklist		Req.	App.	Staff	
General Plat Requirements	Plat shall include all applicable items per Title 17 - Appendix A and the Cascade County Clerk and Recorder Checklist. Four (4) mylar and one (1) paper copy are required for final recording:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Title Block - Title shall contain the words amended plat, subdivision, or certificate of survey (COS), the legal description, and the quarter section, section, township, range, principal meridian and county	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Name of owners, adjoining platted subdivision names, and adjoining COS numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ North arrow, scale and description of monuments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Legal description of boundary perimeters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ All lots and blocks in the subdivision designated by number, the dimensions of each lot and block, the area of each lot, and the total acreage of all lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ All streets, alleys, avenues, roads and highways; their widths and bearings; the width of all right-of-way; and the names of all streets, roads, and highways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ The location, dimensions and areas of all parks, common areas, and all other grounds dedicated for public use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Acreage of the subdivision, gross and net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	▪ Date of survey and purpose statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Signatures and Certifications	Plat shall include all items per Title 17 - Appendix A and the Cascade County Clerk and Recorder Checklist in order to obtain the needed signatures for recording of the plat:			
		▪ The signature and seal of the registered land surveyor responsible for the survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Signature of the landowner(s) on the applicable Certificate of Exemption for any of the exemptions cited under M.C.A 76-3-207		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Certificate of Surveyor for any of the following exemptions: M.C.A. 76-3-201(a) through (f), 76-3-205 and 76-3-207		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Certification of the County Treasurer that all real property taxes and special assessments levied on the land to be subdivided have been paid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ In case of amended plats containing a waiver statement pursuant to M.C.A. 76-3-207 (1) (d) or (e), certification by the applicable Planning Staff that it has examined the subdivision plat.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Approval statement from MDEQ and/or City-County Health Department or the Exemption stamp from City-County Health Department where subdivision is exempt from Montana Sanitation in Subdivisions Act (COSA or MFE)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date Stamp:

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DESIGN WAIVER APPLICATION

Name of Project (if applicable):

Project Address:

Applicant/Owner Name:

Mailing Address:

Phone:

Email:

Representative Name:

Phone:

Email:

LEGAL DESCRIPTION:

Lot/Block/Subdivision:

Section/Township/Range:

JUSTIFICATION OF PROPOSED WAIVER(S): (ATTACH ADDITIONAL INFO AS REQUIRED)

Applicant/Owner's Signature:

Date:

I, _____, Director of Planning and Community Development, hereby approve the above Design Waiver request.

Director Approval Signature:

Date:

Date Stamp:

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COMMUNITY GARDEN APPLICATION

Name of Garden:

Garden Address:

Garden Coordinator Name:

Mailing Address:

Phone:

Email:

Property Owner Name:

Phone:

Email:

A complete Community Garden Application shall include but is not limited to the requirements as indicated by staff listed in the table below. The group proposing to establish the garden must submit the following information to the Planning and Community Development Department.

The Planning and Community Development Department may require additional conditions to be met for the protection of the neighboring properties. The group shall be responsible for providing the Department revised information reflecting any significant or pertinent changes to the operation or management of the garden. The Department shall investigate any citizen complaints and enforce established standards if necessary.

Application Requirements		Req.	Staff	App.
Dimensional Site Plan	A site plan that includes the location and layout of garden plots and the location of any proposed structures or fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Standards	Operating rules addressing, at a minimum, the tax and governance structure of the community garden, hours of operation, maintenance responsibilities and security measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User Agreement	A user agreement signed by the garden coordinator and the property owner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Property Owner's Signature:

Date:

Garden Coordinator's Signature:

Date:



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 BUILDING DIVISION
 2 PARK DRIVE SOUTH
 P.O. BOX 5021,
 GREAT FALLS, MT 59403-5021
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DEMOLITION APPLICATION (Complete all applicable items)

Address/Name of Project: _____
 Applicant: _____ Mailing Address: _____
 Phone: _____ Email: _____
 Point of Contact (required): _____
 Phone: _____ Email: _____
 Property Owner: _____ Mailing Address: _____
 Phone: _____ Email: _____

Description of Work: _____

Valuation of Work: _____
 Type of Structure: _____

- Interior Demolition-Do not fill out below
 Full Demolition-Complete Entire Form

<input type="checkbox"/>	Northwestern Energy, N. End of 15th St Bridge	Date
<input type="checkbox"/>	Energy West, 9th St & 9th Ave N	Date
<input type="checkbox"/>	City Water Department, Public Works, 1025 25th Ave NE	Date
<input type="checkbox"/>	Engineering Department, Public Works, 1025 25th Ave NE - see note below	Date
<input type="checkbox"/>	Environmental Department, Public Works, 1025 25th Ave NE - see note below	Date
<input type="checkbox"/>	Great Falls Fire Rescue, 105 9th St S	Date
<input type="checkbox"/>	Historic Preservation Officer, Civic Center, Room 112 455-8530	Date
<input type="checkbox"/>	Planning & Community Development Director, Civic Center, Room 112 455-8530	Date

NOTE: Capping of water and sewer lines must be inspected by City Engineering 771-1258 before razing permit is final.

NOTE: A Dust Control Plan shall be required for all projects except for interior demolitions. A Stormwater Pollution Prevention Plan (SWPPP) is required for all projects equaling and over 10,000 sq ft of disturbance. See Erosion Control Plan Checklist requirements.

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: _____

Dust Control Plan

The following pages will constitute the Dust Control Plan that will be followed for the _____ project. Once fully completed and approved by the City of Great Falls, this Dust Control Plan will be posted on-site and supplied to all contractors and subcontractors.

Primary ("P") and Contingency ("C") Control Measures:

Every category and/or sub-category requires at least one Primary control measure ("P") if applicable and a Contingency control measure ("C") may be included. A Contingency control measure is the back-up or secondary action(s) that needs to immediately be implemented when the Primary control measure(s) fails to adequately control dust emissions at the named project.

Category A. Vehicles/Motorized Equipment

A.1 Unpaved Staging Areas, Unpaved Parking Areas, and Unpaved Material Storage Areas

- P C Apply water
- P C Pave (Choose one of the following): Beginning of Project* During Project*
 End of Project*
- *Must specify additional primary control measure(s) that will be in place prior to paving
- P C Apply and maintain gravel, recycled asphalt, or other suitable material
- P C Apply and maintain dust suppressant(s), other than water
- P C Limit vehicle trips and vehicle speeds to no more than 15 miles per hour
- _____
- P C Other: _____
- _____

Or, explain why this sub-category and its control measures are not applicable: _____

A.2 Unpaved Access Areas/Haul Roads

- P C Apply water
- P C Pave (Choose one of the following): Beginning of Project* During Project*
 End of Project*
- *Must specify additional primary control measure(s) that will be in place prior to paving
- P C Apply and maintain gravel, recycled asphalt, or other suitable material
- P C Apply and maintain dust suppressant(s), other than water
- P C Limit vehicle trips per road AND limit vehicle speeds
- C Cease operations, NOTE: This option CANNOT be considered a primary control measure
- P C Other: _____
- _____

Or, explain why this sub-category and its control measures are not applicable: _____

Category B. Disturbed Surface Areas

B.1 Before Active Operations Occur

- P C Pre-water site.
- P C Phase work to reduce the amount of disturbed surface area at any one time
Attach a map delineating the phases and their extent
- P C Other: _____

Or, explain why this sub-category and its control measures are not applicable: _____

B.2 During Active Operations

- P C Apply water or other suitable dust suppressant(s) other than water
- P C Apply water to maintain a soil moisture content at a minimum of 12% or at least 70% of the optimum soil moisture content for areas that have an optimum moisture content for compaction of less than 12%
- P C In conjunction with one of the above listed measures construct, fences of three-foot to five-foot wind barriers with 50% or less porosity adjacent to roadways or urban areas to reduce the amount of windblown material leaving the site
- C Cease operations, NOTE: This option CANNOT be considered a primary control measure
- P C Other: _____

Or, explain why this sub-category and its control measures are not applicable: _____

B.3 Stabilization for any inactive period, of any length, 24 hours per day, seven days per week including weekends, after work hours, and holidays.

- P C Apply water
- P C Apply and maintain surface gravel or dust suppressant(s) other than water
- P C Cover open storage piles with tarps, plastic or other materials such that wind will not remove the covering(s)
- P C Establish vegetative ground cover (landscaping)

P C Other: A jobsite sign will be posted with after and non-work hours contact phone number _____

Or, explain why this sub-category and its control measures are not applicable: _____

Category C. Bulk Material Handling/Storage

C.1 Off-Site Hauling onto Areas Accessible to the Public

P C **Required:** Install, maintain, and use a suitable trackout control device that controls and prevent trackout and/or remove particulate matter from tires and the exterior surfaces of haul truck and/or motor vehicles that traverse the site

P C **Required when a cargo compartment is loaded:** cover haul trucks with a tarp or other suitable closure **AND** load all haul trucks such that the freeboard is not less than 3 inches **AND** load all haul trucks such that at no time shall the highest point of the bulk material be higher than the sides, front, and back of the cargo container area **AND** prevent spillage or loss of bulk material from holes or other openings in the cargo compartment

P C **Required when a cargo compartment is empty:** cover haul trucks with a tarp or other suitable closure **OR** clean the interior of the cargo compartment before leaving the site

C Apply water to the top of the load

C Apply dust suppressant(s) other than water to the top of the load

C Cease operations

C Other: _____

Or, explain why this sub-category and its control measures are not applicable: _____

C.2 Hauling/Transporting within the Boundaries of the Work Site but not crossing an Area Accessible to the Public

P C Limit vehicle speed to 15 miles per hour or less while traveling on the work site

P C Apply water to the top of the load

P C Apply dust suppressant(s) other than water to the top of the load

P C Cover haul trucks with a tarp or other suitable closure

C Cease operations, NOTE: This option CANNOT be considered a primary control measure

P C Other: _____

Or, explain why this sub-category and its control measures are not applicable: _____

C.3 Hauling/Transporting within the Boundaries of the Work Site and crossing and/or accessing an Area Accessible to the Public

P **Required: Load all haul trucks such that freeboard is not less than 3 inches AND load all haul trucks such that at no time shall the highest point of the bulk material be higher than the sides, front, and back of the cargo container area AND prevent spillage or loss of bulk material from holes or other openings in the cargo compartment AND install suitable trackout control device.**

NOTE: The following options CANNOT be considered for a primary control measure.

C Cease operations

C Other: _____

Or, explain why this sub-category and its control measures are not applicable – there will be no transporting accessible to the public on this jobsite: _____

C.4 Bulk Material Stacking, Loading, and Unloading Operations

P **Prior to stacking, loading, and unloading, mix material with water AND While stacking, loading, and unloading, apply water**

Note: These following options CANNOT be considered for a primary control measure.

C Cease operations

C Other: _____

Or, explain why this sub-category and its control measures are not applicable: _____

C.5 Open Storage Piles

- P C Cover open storage piles with a tarp, plastic, or other material
- P C Apply water to maintain soil moisture content at a minimum of 12% or maintain at least 70% of the optimum soil moisture content, for areas that have an optimum moisture content for compaction of less than 12%
- P C Maintain a visible crust
- P C In conjunction with the two measures above, construct and maintain wind barriers, storage silos, or a three-sided enclosure with walls, whose length is no less than equal to the pile length, whose distance from the pile is no more than twice the height of the pile, whose height is equal to the pile height, and whose porosity is no more than 50%
- P C Other: _____

Or, explain why this sub-category and its control measures are not applicable: _____

Category D. Trackout, Carry-out, Spillage, and Erosion

D.1 Trackout Control Device

P **Required:** Install at all exits to an area accessible to the public at least one of the following:

(Choose all that apply)

gravel pad grizzly or rumble grate wheel wash system paved area

C Cease operations, NOTE: This option CANNOT be considered a primary control measure.

P C Other: _____

Or, explain why this sub-category and its control measures are not applicable: _____

D.2 Cleaning

Trackout/carry-out must be cleaned up immediately if trackout/carry-out extends along an area accessible to the public including curbs, gutters, and sidewalks.

All trackout/carry-out must be cleaned up no later than the end of the workday (End of Work Day is the end of a working period that may include one or more work shifts. If working 24 hours a day, the end of a working period shall be considered no later than 8:00 p.m.).

P C Operate a street sweeper or wet broom with sufficient water and at the manufacturer's recommended speed (e.g. kick broom, steel bristle broom, Teflon broom, vacuum)

P C Manually sweep-up deposits

P C Other: _____

Or, explain why this sub-category and its control measures are not applicable: _____

Category E. Weed Abatement by Discing or Blading

E.1 Disturbance Operations

P **Required:** Pre-water site **AND** apply water during weed abatement by discing or blading

Note: The following options CANNOT be considered for a primary control measure.

C Cease operations

C Other: _____

Or, explain why this sub-category and its control measures are not applicable: Existing Parking lot. Vegetation to remain until Final Stabilization

Category F. Blasting Operations

P **Required:** Pre-water **AND** maintain surface soils in a stabilized condition where support equipment and vehicles will operate

P C Apply water

P C Apply and maintain dust suppressant(s) other than water

C Other, NOTE: This option CANNOT be considered a primary control measure. _____

Or, explain why this sub-category and its control measures are not applicable – no blasting expected.

Category G. Demolition Activities

 P

Required: Apply water demolition debris immediately following demolition activity
AND

Required: Apply water and to all disturbed soil surfaces immediately following demolition activity

Note: The following options CANNOT be considered for a primary control measure.

 C

Thoroughly clean debris from paved and other surfaces following demolition activity

 C

Other: _____

Or, explain why this sub-category and its control measures are not applicable: _____

Category H. Wind-Blown Dust

 P

Required: Ensure that all control measures and requirements of this Dust Control Plan are implemented and maintained

 P C

Cease operations for the duration of the wind event and stabilize work area maintain a Soil crust

 P C

Other: _____

Or, explain why this sub-category and its control measures are not applicable: _____

Category I. Water

Soil Rating: **Severe** **Moderate**

Soil Texture Rating	Project Phase – Site Clearing/Removal of Vegetation/Debris/Demolition	
	Total Acres Disturbed	Minimum Water Available
Severe (clay, silty clay, sandy clay)	0-2 acres	500 - 1,000 gallons per day
	2-10 acres	1,000 - 5,000 gallons per day
	10-100 acres	5,000 – 50,000 gallons per day
	> 100 acres	> 50,000 gallons per day
Moderate (all other classification)	0-2 acres	300 - 600 gallons per day
	2-10 acres	600 - 3,000 gallons per day
	10-100 acres	3,000 – 30,000 gallons per day
	> 100 acres	> 30,000 gallons per day

Average Daily Disturbance in Acres _____ Number of Gallons per day _____

<u>Supply</u>	<u>Quantity and Size</u>	<u>Application</u>	<u>Quantity and Size</u>
<input type="checkbox"/> Metered Hydrant	_____	<input type="checkbox"/> Hose	_____
<input type="checkbox"/> Water Tower	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Water Pond	_____	<input type="checkbox"/> Water Pull	_____
<input type="checkbox"/> Off-Site	_____	<input type="checkbox"/> Water Buffalo	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Soil Texture Rating	Project Phase – Mass Grading	
	Minimum Water Available	Minimum Water Available
Severe (clay, silty clay, sandy clay)	5,000 gallons per acre per day and 30 gallons per cubic yard of material moved	10,000 gallons per acre per day and 30 gallons per cubic yard of material moved
Moderate (all other classification)	5,000 gallons per acre per day and 30 gallons per cubic yard of material moved	10,000 gallons per acre per day and 30 gallons per cubic yard of material moved

Average Daily Disturbance in Acres _____ Number of Gallons per day _____
 Daily Minimum Water Availability _____
 (Number of Acres Disturbed) x (Number of Gallons per acre per day)

Supply	Quantity and Size	Application	Quantity and Size
<input type="checkbox"/> Metered Hydrant	_____	<input type="checkbox"/> Hose	_____
<input type="checkbox"/> Water Tower	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Water Pond	_____	<input type="checkbox"/> Water Pull	_____
<input type="checkbox"/> Off-Site	_____	<input type="checkbox"/> Water Buffalo	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Soil Texture Rating	Project Phase – Underground Utilities	
	Total Acres Disturbed	Minimum Water Available
Severe (clay, silty clay, sandy clay)	0-2 acres	500 - 1,000 gallons per day
	2-10 acres	1,000 - 5,000 gallons per day
	10-100 acres	5,000 – 50,000 gallons per day
	> 100 acres	> 50,000 gallons per day
Moderate (all other classification)	0-2 acres	300 - 600 gallons per day
	2-10 acres	600 - 3,000 gallons per day
	10-100 acres	3,000 – 30,000 gallons per day
	> 100 acres	> 30,000 gallons per day

Average Daily Disturbance in Acres _____ Number of Gallons per day _____

Supply	Quantity and Size	Application	Quantity and Size
<input type="checkbox"/> Metered Hydrant	_____	<input type="checkbox"/> Hose	_____
<input type="checkbox"/> Water Tower	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Water Pond	_____	<input type="checkbox"/> Water Pull	_____
<input type="checkbox"/> Off-Site	_____	<input type="checkbox"/> Water Buffalo	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Soil Texture Rating	Project Phase – Unpaved Access Areas/Haul Road	
	Total Acres Disturbed	Minimum Water Available
Severe (clay, silty clay, sandy clay)	0-2 acres	375 - 750 gallons per day
	2-10 acres	750 – 3,500 gallons per day
	10-100 acres	3,500 – 35,000 gallons per day
	> 100 acres	> 35,000 gallons per day
Moderate (all other classification)	0-2 acres	225 - 400 gallons per day
	2-10 acres	400 – 2,250 gallons per day
	10-100 acres	2,250 – 22,500 gallons per day
	> 100 acres	> 22,500 gallons per day

Average Daily Disturbance in Acres _____ Number of Gallons per day _____

Supply	Quantity and Size	Application	Quantity and Size
<input type="checkbox"/> Metered Hydrant	_____	<input type="checkbox"/> Hose	_____
<input type="checkbox"/> Water Tower	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Water Pond	_____	<input type="checkbox"/> Water Pull	_____
<input type="checkbox"/> Off-Site	_____	<input type="checkbox"/> Water Buffalo	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Soil Texture Rating	Project Phase – Vertical/Paved (This pertains to Dust Control during the vertical phase of the project)	
	Total Acres Disturbed	Minimum Water Available
Severe (clay, silty clay, sandy clay)	0-2 acres	250 - 500 gallons per day
	2-10 acres	500 – 2,500 gallons per day
	10-100 acres	2,500 – 25,000 gallons per day
	> 100 acres	> 25,000 gallons per day
Moderate (all other classification)	0-2 acres	150 - 300 gallons per day
	2-10 acres	300 – 1,500 gallons per day
	10-100 acres	1,500 – 15,000 gallons per day
	> 100 acres	> 15,000 gallons per day

Average Daily Disturbance in Acres _____ Number of Gallons per day _____

Supply	Quantity and Size	Application	Quantity and Size
<input type="checkbox"/> Metered Hydrant	_____	<input type="checkbox"/> Hose	_____
<input type="checkbox"/> Water Tower	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Water Pond	_____	<input type="checkbox"/> Water Pull	_____
<input type="checkbox"/> Off-Site	_____	<input type="checkbox"/> Water Buffalo	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Soil Texture Rating	Project Phase – Staging/Parking Areas/Storage Areas Including landscaping installation	
	Total Acres Disturbed	Minimum Water Available
Severe (clay, silty clay, sandy clay)	0-2 acres	375 - 750 gallons per day
	2-10 acres	750 – 3,500 gallons per day
	10-100 acres	3,500 – 35,000 gallons per day
	> 100 acres	> 35,000 gallons per day
Moderate (all other classification)	0-2 acres	225 - 400 gallons per day
	2-10 acres	400 – 2,250 gallons per day
	10-100 acres	2,250 – 22,500 gallons per day
	> 100 acres	> 22,500 gallons per day

Average Daily Disturbance in Acres _____ Number of Gallons per day _____

Supply	Quantity and Size	Application	Quantity and Size
<input type="checkbox"/> Metered Hydrant	_____	<input type="checkbox"/> Hose	_____
<input type="checkbox"/> Water Tower	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Water Pond	_____	<input type="checkbox"/> Water Pull	_____
<input type="checkbox"/> Off-Site	_____	<input type="checkbox"/> Water Buffalo	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Soil Texture Rating	Project Phase – Structure Excavation (Includes stem walls, footings, culverts, abutments, caissons)	
	Total Acres Disturbed	Minimum Water Available
Severe (clay, silty clay, sandy clay)	0-2 acres	500 - 1,000 gallons per day
	2-10 acres	1,000 - 5,000 gallons per day
	10-100 acres	5,000 – 50,000 gallons per day
	> 100 acres	> 50,000 gallons per day
Moderate (all other classification)	0-2 acres	300 - 600 gallons per day
	2-10 acres	600 - 3,000 gallons per day
	10-100 acres	3,000 – 30,000 gallons per day
	> 100 acres	> 30,000 gallons per day

Average Daily Disturbance in Acres _____ Number of Gallons per day _____

Supply	Quantity and Size	Application	Quantity and Size
<input type="checkbox"/> Metered Hydrant	_____	<input type="checkbox"/> Hose	_____
<input type="checkbox"/> Water Tower	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Water Pond	_____	<input type="checkbox"/> Water Pull	_____
<input type="checkbox"/> Off-Site	_____	<input type="checkbox"/> Water Buffalo	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Soil Texture Rating	Project Phase – Fine Grading	
	Total Acres Disturbed	Minimum Water Available
Severe (clay, silty clay, sandy clay)	0-2 acres	500 - 1,000 gallons per day
	2-10 acres	1,000 - 5,000 gallons per day
	10-100 acres	5,000 – 50,000 gallons per day
	> 100 acres	> 50,000 gallons per day
Moderate (all other classification)	0-2 acres	300 - 600 gallons per day
	2-10 acres	600 - 3,000 gallons per day
	10-100 acres	3,000 – 30,000 gallons per day
	> 100 acres	> 30,000 gallons per day

Average Daily Disturbance in Acres _____ Number of Gallons per day _____

Supply	Quantity and Size	Application	Quantity and Size
<input type="checkbox"/> Metered Hydrant	_____	<input type="checkbox"/> Hose	_____
<input type="checkbox"/> Water Tower	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Water Pond	_____	<input type="checkbox"/> Water Pull	_____
<input type="checkbox"/> Off-Site	_____	<input type="checkbox"/> Water Buffalo	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Import/Export Operations

Number of Yards involved in this Phase _____ Number of days for Operation _____

Number of Yards Imported/Exported x 30 gallons of water per yard = _____
(Total gallons required)

Total Gallons required divided by number of days = _____

Supply	Quantity and Size	Application	Quantity and Size
<input type="checkbox"/> Metered Hydrant	_____	<input type="checkbox"/> Hose	_____
<input type="checkbox"/> Water Tower	_____	<input type="checkbox"/> Water Truck	_____
<input type="checkbox"/> Water Pond	_____	<input type="checkbox"/> Water Pull	_____
<input type="checkbox"/> Off-Site	_____	<input type="checkbox"/> Water Buffalo	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

Contact information of person who completed this document:

Name and Title: _____

Signature: _____

Date: _____

Phone Number: _____

Email: _____

Contact information of person(s) who are responsible for executing this document onsite:

Name and Title: _____

Signature: _____

Date: _____

Field Phone Number: _____

Alternative Phone Number: _____

Name and Title: _____

Signature: _____

Date: _____

Field Phone Number: _____

Alternative Phone Number: _____

CITY OF GREAT FALLS
PUBLIC WORKS PROJECT COMPLETION CARD

Engineering Division: 406-771-1258

Environmental Division: 406-727-8390

Building Address: _____ Permit #: _____

Description of Work: _____ Owner/Contractor: _____

Point of Contact/Email and Phone #: _____

ENGINEERING DIVISION REQUIREMENTS								
X	CALL ITEM	DATE	APP. BY	REMARKS	X	CALL ITEM	DATE	APP. BY
	Pre-Construction Meeting					Executed Easements		
	Proctor Info					Approved Sub/Shop Dwgs		
	Concrete Testing Results					Asphalt Marshall Results		
	DEQ Certification Letter					Misc.		

ENVIRONMENTAL DIVISION REQUIREMENTS								
X	CALL ITEM	DATE	APP. BY	REMARKS	X	CALL ITEM	DATE	APP. BY
	Stm Drain Maintenance Agreement					Ind. Pretreat Permit Issued		
	Stm Management Permit Issued					Onsite Storm Drain As-Builts		
	Int. and Service Line Sewer As-Builts					Pretreat Device or Sys As-Builts		
	Misc.					Misc.		

CITY OF GREAT FALLS
PUBLIC WORKS PROJECT COMPLETION CARD

Engineering Division: 406-771-1258

Environmental Division: 406-727-8390

Building Address: _____ Permit #: _____

Description of Work: _____ Owner/Contractor: _____

Point of Contact/Email and Phone #: _____

ENGINEERING DIVISION REQUIREMENTS								
X	CALL ITEM	DATE	APP. BY	REMARKS	X	CALL ITEM	DATE	APP. BY
	Pre-Construction Meeting					Executed Easements		
	Proctor Info					Approved Sub/Shop Dwgs		
	Concrete Testing Results					Asphalt Marshall Results		
	DEQ Certification Letter					Misc.		

ENVIRONMENTAL DIVISION REQUIREMENTS								
X	CALL ITEM	DATE	APP. BY	REMARKS	X	CALL ITEM	DATE	APP. BY
	Stm Drain Maintenance Agreement					Ind. Pretreat Permit Issued		
	Stm Management Permit Issued					Onsite Storm Drain As-Builts		
	Int. and Service Line Sewer As-Builts					Pretreat Device or Sys As-Builts		
	Misc.					Misc.		

CITY OF GREAT FALLS INSPECTION RECORD CARD

CARD IS REQUIRED TO BE ONSITE TO COMPLETE INSPECTION

Fire Marshal: 406-727-8070

Engineering Division: 406-771-1258

Health Department: 406-454-6950

Environmental Division: 406-727-8390

TO SCHEDULE ENGINEERING INSPECTIONS CALL 406-771-0700

* ALL SAME DAY INSPECTIONS REQUEST REQUIRE MINIMUM OF 3 HOURS NOTICE *

SITE CIVIL - ITEMS INSPECTED BY PUBLIC WORKS/ENGINEERING								
X	CALL ITEM	DATE	APP. BY	REMARKS	X	CALL ITEM	DATE	APP. BY
	Curb Cut					Curb & Gutter		
	Driveway Sawcut					Driveway		
	Sidewalk					Sewer Service		
	> 2" Water Service					> 2" Fire Line		
	Collect Final Green Card					Special Inspection		
	Abandon Service(s)							

TO SCHEDULE ENVIROMENTAL INSPECTIONS CALL 406-727-8390

* ALL INSPECTION REQUESTS REQUIRE MINIMUM OF 2 DAY NOTICE *

SITE CIVIL - ITEMS INSPECTED BY PUBLIC WORKS/ENGINEERING								
X	CALL ITEM	DATE	APP. BY	REMARKS	X	CALL ITEM	DATE	APP. BY
	SWPPP Closeout					Perm. SWM Quality BMP's		
	Grease Interceptor/Trap					Amalgam Separator		
	Other Sewer Pre-Treat System					Misc.		

MULTIPLE - INSPECTIONS RECORD					
X	CALL ITEM	DATE	APP. BY	REMARKS	

* APPROVED CONSTRUCTION PLAN SET IS REQUIRED ON SITE AT TIME OF EACH AND EVERY INSPECTION *

**NOTE: COMPLETED INSPECTION RECORD CARD MUST BE
RETURNED TO PLANNING AND COMMUNITY DEVELOPMENT
BEFORE OCCUPANCY CERTIFICATE CAN BE ISSUED**

CITY OF GREAT FALLS INSPECTION RECORD CARD

CARD IS REQUIRED TO BE ONSITE TO COMPLETE INSPECTION

Fire Marshal: 406-727-8070

Engineering Division: 406-771-1258

Health Department: 406-454-6950

Environmental Division: 406-727-8390

Building Address: _____ Permit #: _____

Description of Work: _____ Owner/Contractor: _____

Point of Contact/Email and Phone #: _____ Date Issued: _____

TO SCHEDULE BUILDING INSPECTIONS CALL 406-455-8430

* ALL BUILDING INSPECTIONS MUST BE CALLED BEFORE 7AM FOR SAME DAY INSPECTIONS *

SETBACKS, FOUNDATIONS AND UNDERGROUND UTILITIES								
X	CALL ITEM	DATE	APP. BY	REMARKS	X	CALL ITEM	DATE	APP. BY
	Setbacks					Weatherproofing		
	Excavations / Below Grade					Drain Tile		
	Footings - Steel					Plumbing Ground Work		
	Foundation- Steel / Hldns					Water Service		
	Electrical - Ufer Ground					Electrical Service		

ROUGH INSPECTIONS								
X	CALL ITEM	DATE	APP. BY	REMARKS	X	CALL ITEM	DATE	APP. BY
	Plumbing - DWV					Post - Beam - Joists		
	Plumbing - Water					Fire Wall / Caulking		
	Electrical - Before Cover					Insulation		
	Mechanical - Gas Pressure Test					Bond Beam / Steel		
	Mechanical - Exhaust / Vent Ducts					Refrigeration		
	Framing					Electrical Service		

MISCELLANEOUS INSPECTIONS								
X	CALL ITEM	DATE	APP. BY	REMARKS	X	CALL ITEM	DATE	APP. BY
	Commercial Kitchen Hood					Special Inspections		
	Fire Sprinkler - Hydro					Backflow Preventer		
	Elevator					Shear Walls		
	Tie Down-Mobile Home					50% Sitework Progress Insp.		
	Crawl - Moisture Barrier					Skirting - Mobile Home		

FINAL INSPECTIONS								
X	CALL ITEM	DATE	APP. BY	REMARKS	X	CALL ITEM	DATE	APP. BY
	Mechanical Final					Parking Lot Striping		
	Test and Balance					Site Accessibility/ Signage		
	Electrical Final					Landscaping		
	Plumbing Final					Outdoor Lighting		
	Building Accessibility					Blower Door Test		
	Fire Sprinkler / Alarm					Attic Insulation		
	Sitework Final					Roof Drainage		
	Building Final					Landing / Deck / Stairs		
	Post Address							

HEALTH DEPARTMENT: _____
 FIRE MARSHAL: _____
 ENGINEERING: _____
 PLANNING: _____
 ENVIRONMENTAL: _____
 BUILDING INSPECTOR: _____

**BEFORE ANY BUILDING MAY BE OCCUPIED
A CERTIFICATE OF OCCUPANCY IS REQUIRED**