



PLANNING & COMMUNITY DEVELOPMENT
 BUILDING DIVISION
 2 PARK DRIVE SOUTH P.O. Box 5021,
 GREAT FALLS, MT 59403-5021
 406.727.8070 FIRE DEPARTMENT
 406.455.8430 • WWW.GREATFALLSMT.NET



FIRE SPRINKLER/ALARM PERMIT APPLICATION

Required fields

HARD COPY PLAN SETS ARE NOT REQUIRED. PLEASE SUBMIT ALL FILES ELECTRONICALLY

SUBMITTAL EMAIL: PERMIT@GREATFALLSMT.NET

Type of project: FIRE SPRINKLER FIRE ALARM KITCHEN HOOD SUPPRESSION

Project Address: _____

Valuation of work: _____

Applicant: _____ Mailing Address: _____

Phone: _____ Email: _____

Property Owner: _____ Mailing Address: _____

Phone: _____ Email: _____

Description of Work: _____

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 and the City of Great Falls. **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:	Permit Number:	Fees Due:	PCD Approval:
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