

Permit Entered By: _____

PLANNING & COMMUNITY DEVELOPMENT DEPT.
BUILDING DIVISION
2 PARK DRIVE SOUTH
P.O. BOX 5021,
GREAT FALLS, MT 59403-5021
406.455.8430 • WWW GREATEALISMT NET

MUNIANA 406.455.8430 •	www	GREATFALLSMT.NET Permit #:
DEMOLITION APPLICATION	101	V (Complete all applicable items)
Address/Name of Project:		
Applicant:	•	
Phone:	Email:	
Point of Contact (required):		
Phone:		
Property Owner:	Mailing Address:	
Phone:	Email:	
Description of Work:		
Valuation of Work:		☐ Interior Demolition-Do not fill out below
Type of Structure:		☐ Full Demolition-Complete Entire Form
Northwestern Energy, N. End of 15th St Bridge	Date	
Energy West, 9th St & 9th Ave N	Date	
		
City Water Department, Public Works, 1025 25th Ave NE Date		
Engineering Department, Public Works, 1025 25th Ave NE – see note below Date		
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Environmental Department, Public Works, 1025 25th Ave NE – see note below Date		
Great Falls Fire Rescue, 105 9th St S	Date	
Historic Preservation Officer, Civic Center, Room 112 455-8530 Date		
Instance Preservation Officer, Civic Genter, Room 112 455-6550		
Planning & Community Development, 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.		
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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:
EOD OFFICE LISE ONLY:		

Fees Due: ____

Effective Date: 5/2019