Date Stamp:

PLANNING & COMMUNITY DEVELOPMENT DEPT.
BUILDING DIVISION
2 PARK DRIVE SOUTH
P.O. BOX 5021
GREAT FALLS, MT 59403-5021
406-455-8430 - PERMIT@GREATFALLSMT.NET

Permit #: _____

DEMOLITION APPLICATION (Complete all applicable items)

Project Address: _____

Applicant/Point of Contact: _____ **Phone:** _____

Address: _____ **Email:** _____

General Contractor: _____ **Phone:** _____

Address: _____ **Email:** _____

Property Owner: _____ **Phone:** _____

Address: _____ **Email:** _____

Description of Work: _____

Valuation of Work: _____

Type of Structure: _____

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

NOTE: ALL UTILITIES NEED TO BE DISCONNECTED OR REMOVED PRIOR TO INITIAL INSPECTION.

❑ _____ _____
Northwestern Energy, 1 1st Ave S (406)791-7500 **Date**

❑ _____ _____
City Water Department, Public Works, 1025 25th Ave NE (406)727-8045 **Date**

❑ _____ _____
Engineering Department, Public Works, 1025 25th Ave NE (406)771-1258– *SEE NOTE BELOW* **Date**

❑ _____ _____
Environmental Department, Public Works, 1025 25th Ave NE (406)727-8390 – *SEE NOTE BELOW* **Date**

❑ _____ _____
Great Falls Fire Rescue, 105 9th St S (406)727-8070 **Date**

❑ _____ _____
Great Falls Floodplain Administrator, Civic Center, Room 112 (406)455-8430 **Date**

❑ _____ _____
Historic Preservation Officer, Civic Center, Room 112 (406)455-8430 **Date**

❑ _____ _____
Planning & Community Development Director, Civic Center, Room 112 (406)455-8430 **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:** _____

Effective Date: 10/2025