



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

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: _____

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:
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