



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 #: _____

COMMERCIAL TENANT IMPROVEMENT BUILDING PERMIT APPLICATION

Required fields

Project Address: _____

Valuation of work: _____ Project Name: _____

Applicant: _____ Mailing Address: _____

Phone: _____ Email: _____

Point of Contact (required): _____

Phone: _____ Email: _____

Property Owner: _____ Mailing Address: _____

Phone: _____ Email: _____

Description of Work: _____

Letter of Authorization (if owner does not sign):

Required upon permit issuance

General Contractor: _____ Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Construction Type: _____ Occupancy Type: _____

Total Building Sq Ft: _____ Fire Sprinkler: Yes No

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:	Fees Due:	Zoning Review Approval:	PCD Approval:
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