

# COMMERCIAL BUILDING PERMIT APPLICATION



Development Services  
435 Ryman Street, Missoula, MT 59802  
(406) 552-6635 Fax: (406) 552-6053

Permit #: \_\_\_\_\_  
Applied Date: \_\_\_\_\_  
Issued Date: \_\_\_\_\_

INSPECTION REQUEST LINE (406)552-6040 Email: [Permits@ci.missoula.mt.us](mailto:Permits@ci.missoula.mt.us) <https://ebiz.ci.missoula.mt.us/citizenaccess/>

**INSTRUCTIONS - TYPE OR PRINT CLEARLY AND USE BLACK OR BLUE INK - NO PENCIL** - The applicant must fill out sections I, II, and III. Your permit will not be processed if you do not fill out the required information. Please read all conditions on this application before signing. The property owner and/or licensed contractor must sign and date the application. If not applicable please write N/A (do not leave blank). When filling out addresses, please include ST, AVE, RD, DR, etc. and zip code. A separate permit application is required for each building or structure except townhouses or commercial tenant spaces where each unit requires a permit. If necessary, provide directions to the site, location of work within the building, and/or attach a map.

**SECTION I: PROPERTY INFORMATION**

**PROJECT ADDRESS:**

BLDG #: \_\_\_\_\_ SUITE #: \_\_\_\_\_  
 UNIT #: \_\_\_\_\_ APT #: \_\_\_\_\_  
 SUBDIV: \_\_\_\_\_  
 BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_  
 COS/TRACT: \_\_\_\_\_ PARCEL #: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_  
 RANGE: \_\_\_\_\_ GEOCODE: \_\_\_\_\_

TOTAL AREA (SQUARE FOOTAGE) \_\_\_\_\_

PROPERTY: \_\_\_\_\_  
 PROPOSED STRUCTURE: \_\_\_\_\_  
 EXISTING PRIMARY STRUCTURE: \_\_\_\_\_

**UTILITY INFORMATION**

WATER METER SIZE & SUPPLY \_\_\_\_\_  
 HEATING SOURCE \_\_\_\_\_

**BUILDING OR STRUCTURE USE**

MULTI-FAMILY \_\_\_\_\_ UNITS  
 STORAGE BUILDING  
 OTHER \_\_\_\_\_

CHANGE OF USE: YES \_\_\_\_\_ NO \_\_\_\_\_  
 PREVIOUS USE: \_\_\_\_\_  
 PROPOSED USE: \_\_\_\_\_  
 BUSINESS NAME (If applicable): \_\_\_\_\_

**SECTION II: PEOPLE INFORMATION**

**PROPERTY OWNER**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, ST, ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**CONTRACTOR -  SAME AS OWNER**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, ST, ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**ARCHITECT/ENGINEER**

NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**CONTACT PERSON**

NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**SECTION III: PROPOSED WORK**

TYPE OF WORK (REROOF ONLY)  
 - REROOF

**PROJECT DESCRIPTION**

\_\_\_\_\_

**SUB PLANS SUBMITTED**

MECH \_\_\_\_\_ PLUMB \_\_\_\_\_  
 ELEC \_\_\_\_\_ OTHER \_\_\_\_\_

CONDITIONS - The proposed work must be done in accordance with approved plans and specifications. Separate permits are required for, but not limited to, electrical, plumbing, mechanical, signs, sewer, water, paving, and right-of-way. Furthermore, it is the duty of the General Contractor to assure that all required inspections are scheduled 24 hours in advance and approved by the City Inspectors. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

**SECTION IV: PLAN REVIEW (FOR OFFICE USE)**

**ENGINEERING**

DESCRIP.	COMMENTS	APP	DATE
SEWER			
SWPPP			
C/G & S/W			
PAVING/ADA			
GRADE/DRAIN			
ADDRESSING			

**PLANNING**

DESCRIP.	COMMENTS	APP	DATE
SUBDIV.			
LANDSCAP.			
FLOODPLAIN			
ZONE:			
MAX HEIGHT			
SETBACKS:	FRONT _____ HILLSIDE: Y N % SLOPE _____		
	SIDES _____ BUILDING HEIGHT _____		
	REAR _____ WALL HEIGHT _____		
BLDG HGT METHOD:	ABSOLUTE _____		
	MODIFIED _____		
# OF OFF-STREET PARKING	BICYCLE SPACES _____		
EXISTING	LONG-TERM REQ _____		
REQUIRED	SHORT-TERM REQ _____		
PROPOSED			

COMMENTS \_\_\_\_\_

**BUILDING**

CONST TYPE	OCC. TYPE	MAX OC. LOAD	SMOKE DETECTOR REQUIRED?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
STORIES	DWELLING UNITS	<input type="checkbox"/> PHASE I	SPRINKLERS REQUIRED?
		<input type="checkbox"/> PHASE II	
		<input type="checkbox"/> PHASE III	
			YES <input type="checkbox"/> NO <input type="checkbox"/>

DESCRIP.	COMMENTS	APP	DATE
MECHANICAL			
ELECTRICAL			
PLUMBING			
OTHER			

COMMENTS/SQ FOOTAGE: \_\_\_\_\_

PLANS EXAMINER SIGNATURE/DATE \_\_\_\_\_

**HEALTH DEPARTMENT**

DESCRIP.	COMMENTS	APP	DATE
INDV SEWER			
LIC EST RVW			
AIR QUALITY			

**OTHER DEPARTMENTS**

FIRE DEPT			
PARKS & REC			

**SECTION V: FEES**

BUILDING PLAN CHECK FEE	FIRE PLAN REV. FEE	FIRE INSP FEE
<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK
VALUATION	BUILDING PERMIT FEE	
ENG PLAN CHECK FEE	IMPACT FEE	
OTHER FEES		

SIGNATURE OF PROPERTY OWNER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**TOTAL DUE**

**TOTAL FEES**

<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK
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