

DEMOLITION PERMIT APPLICATION

2017



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

Permit #: _____

Issued Date: _____

INSPECTION REQUEST LINE (406) 552-6040

Email: 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 #: _____
SQUARE FOOTAGE OF BUILDING BEING DEMOLISHED: _____	
BUILDING OR STRUCTURE USE	
RESIDENTIAL	
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> MULTI-FAMILY _____ UNITS
<input type="checkbox"/> DUPLEX	<input type="checkbox"/> STORAGE BUILDING
<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> DETACHED GARAGE
<input type="checkbox"/> OTHER	
COMMERCIAL	
SPECIFY USE: _____	
BUSINESS NAME: _____	
BLDG PERMIT #	

SECTION II: PEOPLE INFORMATION	
PROPERTY OWNER	
NAME: _____	
ADDRESS: _____	
CITY, ST, ZIP: _____	
PHONE: _____	
EMAIL: _____	
CONTRACTOR - <input type="checkbox"/> SAME AS OWNER	
NAME: _____	
ADDRESS: _____	
CITY, ST, ZIP: _____	
PHONE: _____	
EMAIL: _____	

CONDITIONS

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.

THE BUILDING OFFICIAL MAY SUSPEND OR REVOKE A PERMIT ISSUED UNDER PROVISIONS OF THIS CODE WHENEVER THE PERMIT IS ISSUED IN ERROR OR ON THE BASIS OF INCORRECT INFORMATION SUPPLIED, OR IN VIOLATION OF ANY ORDINANCE OR REGULATION OR ANY OF THE PROVISIONS OF THIS CODE.

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 III: PROPOSED WORK	
CHECK ONLY ONE: <input type="checkbox"/> INTERIOR <input type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE	

SECTION IV: UTILITY RELEASE	
ELECTRIC: MEC (406) 541.4433 NW Energy (888) 467-2669	
COMPANY NAME: _____	
COMMENTS: _____	
APPROVED BY/DATE: _____	
GAS: NorthWestern Energy (888) 467-2669	
COMPANY NAME: _____	
COMMENTS: _____	
APPROVED BY/DATE: _____	
WATER: Missoula Water (406) 552-6700	
COMPANY NAME: _____	
COMMENTS: _____	
APPROVED BY/DATE: _____	
TELEPHONE	
COMPANY NAME: _____	
COMMENTS: _____	
APPROVED BY/DATE: _____	
CABLE TV: Charter (888) 438-2427	
COMPANY NAME: _____	
COMMENTS: _____	
APPROVED BY/DATE: _____	
MISSOULA FIRE DEPARTMENT (406) 552-6210	
COMMENTS: _____	
APPROVED BY/DATE: _____	
SEWER (406) 552-6630 SEPTIC (406) 258-4770	
COMMENTS: _____	
APPROVED BY/DATE: _____	
SWPPP (OVER 1 ACRE) ENGINEERING (406)552-6630	
COMMENTS: _____	
APPROVED BY/DATE: _____	
HISTORIC PRESERVATION (406) 552-6630	
COMMENTS: _____	
APPROVED BY/DATE: _____	
BUILDING APPROVAL (406) 552-6630	
APPROVED BY/DATE: _____	

THE CITY OF MISSOULA REQUIRES THAT ALL BUILDINGS TO BE DEMOLISHED ARE REQUIRED TO COMPLY WITH THE STATE ASBESTOS CONTROL PROGRAM AND CITY ORDINANCE.

SIGNATURE OF PROPERTY OWNER DATE

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

SECTION V: PERMIT FEES	
DEMOLITION FEE	PENALTY FEE
TOTAL FEES	<input type="checkbox"/> CASH
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK