

ADA PERMIT APPLICATION

2017



Community Planning, Development, & Innovation
 435 Ryman Street, Missoula, MT 59802 (406)
 552-6630 Fax: (406) 552-6053

Permit #: _____
Applied Date: _____
Issued Date: _____

<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. 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: _____

SECTION II: PEOPLE INFORMATION	
PROPERTY OWNER	
NAME: _____	
ADDRESS: _____	
CITY, ST, ZIP: _____	
PHONE: _____	
EMAIL: _____	

APPLICANT - <input type="checkbox"/> SAME AS OWNER	
NAME: _____	
ADDRESS: _____	
TITLE: _____	
PHONE: _____	
EMAIL: _____	

CONTACT PERSON	
NAME: _____	
PHONE: _____	
EMAIL: _____	

SECTION III: PROJECT DESCRIPTION	
PARKING LOT SQUARE FOOTAGE: _____	

SECTION IV: PLAN REVIEW (FOR OFFICE USE)		
ENGINEERING		
REVIEWED BY	APP	DATE

COMMENTS:

TIER I

SEALCOAT

PATCHING

RESTRIPING

OTHER _____

TIER II

PAVING

REPAVING

RECONSTRUCTION

OTHER _____

PLANNING		
REVIEWED BY	APP	DATE

COMMENTS:

OTHER DEPARTMENT(S)		
REVIEWED BY	APP	DATE

COMMENTS:

SECTION V: FEES		
<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK

SIGNATURE OF PROPERTY OWNER/CONTRACTOR _____ DATE _____

ADA SITE PLAN CHECK LIST

2017

FOR PAVING CONSTRUCTION WORK IMPROVEMENTS

THE FOLLOWING CHECK LIST MAY NOT BE ALL INCLUSIVE OF EVERYTHING NEEDED TO COMPLETE THE PLAN REVIEW PROCESS BUT IS THE MINIMUM SUBMITTAL. COMPLETE, SIGN AND RETURN WITH APPLICATION. INCOMPLETE SUBMITTALS WILL BE RETURNED UN-REVIEWED.

SITE ADDRESS: _____

LEGAL DESCRIPTION: _____

CONTACT PERSON & PHONE #: _____

Required for ALL submittals:

- 1. TWO (2) COPIES OF SITE PLAN - Drawn to scale not greater than 1" = 20'
If restriping is to match EXACTLY the existing layout, then the applicant may submit copies of the original site plan(s) as long as the existing layout meets CURRENT accessibility standards. If existing layout does not meet current accessibility standards, the site plans must show how the lot will be brought into compliance.
- 2. All property lines
- 3. Locations of existing and proposed structures.
- 4. Location, dimensions, and number of existing and proposed parking spaces including:
 - (a) Number of parking spaces and dimensions.
 - (b) Square footage of paved parking area.
 - (c) Show ADA accessible entrances, ramps, routes and signage.
 - (d) Number, type and location of ADA (Americans With Disabilities Act) accessible parking; including striping and ADA signage placement.

Additional Requirements for Paving, Repaving or Reconstruction.

- 1. Show existing and proposed storm water drainage, snow storage area(s), landscaping,
 - (a) Existing and proposed storm water drainage
 - (b) Snow storage areas
 - (c) Landscaping
 - (d) Lighting
- 2. Show existing and proposed pedestrian access routes (sidewalks) and driveways on private property, public right-of-way and easements.

Additional Information

ATTEST: I hereby attest that the information submitted on this document and site plan is true and accurate.

APPLICANT'S SIGNATURE: _____ DATE: _____

Failure to complete this form and to provide all the requested information will result in the permit application being returned to the permittee for corrections.