



**CITY OF POLSON**

Planning & Building Department  
 106 1<sup>st</sup> Street E. Polson, MT 59860  
 T: 406-883-8214 I F: 406-883-8238  
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**APPLICATION FOR PLUMBING PERMIT**

I hereby make application for a permit to do plumbing work in accordance with all title 50, chapter 60, section 505, MCA and ARM 24.301.301 and ARM 24.301.361

**\*\*\*All Incomplete Applications will be Returned Unprocessed\*\*\***

Please indicate the location of work below Accurate LOCATION and OWNER information is required for permitting.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Directions to property \_\_\_\_\_

County \_\_\_\_\_ Is job located in city limits? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Building or Businesses in building \_\_\_\_\_

17 digit GEOCODE: \_\_\_\_\_ Parcel# \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Size of Property (acres) \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License Number \_\_\_\_\_

Permit Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

- Number of Fixtures/Traps in each box \$13 EACH**
- Bath tub.....
  - Lavatory.....
  - Shower.....
  - Urinal.....
  - Water Closet (Toilet) ..
  - Kitchen Sink.....
  - Service Sink.....
  - Wash/Laundry Tray ..
  - Dishwasher.....
  - Laundry Box.....
  - Car Wash Sump.....
  - Ice Machine.....
  - Glass Fill Station.....
  - Coffee Maker.....
  - Drinking Fountain.....
  - Dental Chair.....
  - Floor Drain.....
  - Area Drain.....
  - Indirected Waste.....
  - Grease Trap.....
  - Bar Sink.....
  - Floor/Mop Sink.....
  - Sump drain/Lift Station..
  - Glass Washer.....
  - Aspirator.....
  - X-RayTank.....

**Type of Building (Required)**

- \_\_\_ Single Family
- \_\_\_ Multiple Family
- \_\_\_ Commercial/Public
- \_\_\_ Accessory Building

**Type of Work (Required)**

- \_\_\_ New
- \_\_\_ Alteration/Addition

**Sewer Service Type (Required)**

- \_\_\_ Public Sewer System
- \_\_\_ Septic System

**Potable Water Source (Required)**

- \_\_\_ Potable Water
- \_\_\_ Public Utility

Schedule of Fees (Required for permitting)	Fees	Number	Amount Due
Each Permit	\$35.00		_____
Gray water system, commercial or residential	\$75.00	Yes/ No	_____
Repair or alteration of drainage or vent piping	\$10.00	Yes/ No	_____
Installation, alteration, or repair of water piping and/or treatment	\$10.00	Yes/ No	_____
Each water service tie-in	\$10.00 x	_____ =	_____
Each water heater (or replacement)	\$10.00 x	_____ =	_____
Each storm drain and storm drainage	\$10.00 x	_____ =	_____
Each lawn sprinkler, fire protection system, any meter, or backflow protection device	\$10.00 x	_____ =	_____
1-4 hose bibb, unprotected fixture, vacuum breaker, and/or backflow protection device	\$7.00 EA x	_____ =	_____
<b>Note: each fixture, hose bibb, breaker, and backflow over 4 is \$2 each. Example: 5 hose bibb is \$30</b>			
5+ Hose Bibb, unprotected fixture, vacuum, breaker, and/or backflow protection device	\$2.00 EA x	_____ =	_____
Each industrial water pre-treatment equipment including its drainage and vent	\$10.00 x	_____ =	_____
First 5 medical gas piping systems: Oxygen_nitrogen_Vacuum_Medical air_	\$75.00 x	_____ =	_____
Each medical gas piping system after initial five	\$10.00 x	_____ =	_____
Each plumbing fixture or trap	\$13.00 x	_____ =	_____
<b>(Total From Table Above)</b>		<b>Total Fee</b>	_____

Master Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print \_\_\_\_\_