



106 1st Street E., Polson, MT 59860
 406-883-8200 Fax 406-883-8238
 www.cityofpolson.com



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 MT Zip _____

Directions to property _____

County _____ Is job located inside 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 \$10 EACH

Bath Tub.....	<input type="checkbox"/>	Coffee Maker.....	<input type="checkbox"/>
Lavatory.....	<input type="checkbox"/>	Drinking Fountain.....	<input type="checkbox"/>
Shower.....	<input type="checkbox"/>	Dental Chair.....	<input type="checkbox"/>
Urinal.....	<input type="checkbox"/>	Floor Drain.....	<input type="checkbox"/>
Water Closet (Toilet)..	<input type="checkbox"/>	Area Drain.....	<input type="checkbox"/>
Kitchen Sink.....	<input type="checkbox"/>	Indirected Waste.....	<input type="checkbox"/>
Service Sink.....	<input type="checkbox"/>	Grease Trap.....	<input type="checkbox"/>
Wash/Laundry Tray.....	<input type="checkbox"/>	Bar Sink.....	<input type="checkbox"/>
Dishwasher.....	<input type="checkbox"/>	Floor/MopSink.....	<input type="checkbox"/>
Laundry Box.....	<input type="checkbox"/>	Sump drain/Lift Station.....	<input type="checkbox"/>
Car Wash Sump.....	<input type="checkbox"/>	Glass Washer.....	<input type="checkbox"/>
Ice Machine.....	<input type="checkbox"/>	Aspirator.....	<input type="checkbox"/>
Glass Fill Station.....	<input type="checkbox"/>	X-Ray Tank.....	<input type="checkbox"/>

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 Source
 Public Utility

Schedule of Fees

(required for permitting)

	Fee	Number	Amount Due
Each Permit	\$30.00		_____
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 Building and Trailer Park Sewer tie-in	\$15.00 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	_____ =	_____
Note: Each fixture, hose bibb, breaker, and backflow over 4 is \$2 each. Example: 5 hose bibb is \$30			
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	\$10.00 x	_____ =	_____
(TOTAL FROM TABLE ABOVE)			
		Total Fee	_____

MASTER SIGNATURE _____

PRINT _____

DATE _____