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

City of Polson

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

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 (except water heater replacements)	$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 ***(TOTAL FROM TABLE ABOVE)***	$10.00 x	_____ =	_____
		Total Fee	_____

MASTER SIGNATURE_____

PRINT _____ DATE_____