

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. BCP-1 (Rev. 8/2013)

***** 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)

| | <u>Fee</u> | <u>Number</u> | <u>Amount Due</u> |
|--|-------------|------------------|-------------------|
| 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 _____

Make checks payable to: # _____

MAIL TO: CITY OF BELGRADE / 91 E CENTRAL AVENUE / BELGRADE, MT 59714

BUILDING DEPARTMENT PHONE: 406-388-3763