

# 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** \_\_\_\_\_

<b>Number of fixtures/traps in each box</b>	<b>\$10 EACH</b>
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	_____ =	_____
<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 <b>(TOTAL FROM TABLE ABOVE)</b>	\$10.00 x	_____ =	_____
		<b>Total Fee</b>	_____

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**