

Application for Plumbing Permit

I hereby make application for a permit to conduct 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. 10/2015)

***** You must provide accurate LOCATION and OWNER information, as it is required for the permitting process *****

Address: _____ City: _____ State: MT Zip: _____

Name of Building or Business in Building (if applicable): _____

Directions to property: _____

County: _____ Is job located inside the city limits? (circle one) YES NO

17 digit GEOCODE: _____ Parcel: _____ Lot: _____ Block: _____

Size of Property (acres): _____ Section: _____ Township: _____ Range: _____

Owner Name: _____

Mailing Address : _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Plumbing Contractor/Master Plumber: _____ License Number: _____

Mailing Address (for Permit): _____ 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"/>	Indirect 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/Mop Sink.....	<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

Fee Schedule:

	Fee	Number	Amount Due
Gray water system, commercial or residential.....	\$60	X yes / no =	_____
Repair or alteration of drainage or vent piping.....	\$30	X yes / no =	_____
Alteration or repair of water piping and/or treatment.....	\$30	X yes / no =	_____
Each Water Service tie-in.....	\$20	X _____ =	_____
Each Building and Trailer Park Sewer tie-in.....	\$20	X _____ =	_____
Each NEW water heater (or replacement).....	\$25	X _____ =	_____
Each storm drain and storm drainage.....	\$30	X _____ =	_____
Each lawn sprinkler, fire protection system, any meter, or backflow protection device.....	\$30	X _____ =	_____
Each hose bibb, vacuum, breaker, and/or backflow device.....	\$6	X _____ =	_____
Each industrial water pre-treatment equipment including its drainage and vent.....	\$30	X _____ =	_____
Medical gas piping systems (how many): ___ Oxygen ___ Nitrogen ___ Medical Compressed Air		X _____ =	_____
___ Nitrous Oxide ___ Carbon Dioxide ___ Medical Vacuum ___ Any other medical gas piping.....	\$100	X _____ =	_____
<i>If total outlets for all gases/vacuum piping exceeds 20 outlets, there is an additional fee for each outlet over 20.....</i>	\$10	X _____ =	_____
Each plumbing fixture or trap (** total from table above**)	\$10	X _____ =	_____

Master Plumber Signature _____

Total: \$ _____

Print name _____

Date: _____