

APPLICATION FOR PLUMBING PERMIT

I hereby make application for a permit to do plumbing work in accordance with Title 50, Chapter 60, Section 505, MCA and ARM 24.301.301 and ARM 24.301.361.

Applicant/Plumber/Business Name: _____ Master License No. _____

Mailing Address: _____ City: _____ Zip: _____ Phone: _____

Job Location: _____ City: _____ County: _____
(attach map if necessary)

Project/Owner's Name: _____ Phone: _____ E-Mail: _____

SCHEDULE OF FEES				SCHEDULE OF PLUMBING FIXTURES (NO. OF EACH)			
	EACH	NO.	TOTAL				
For issuing Each permit	@ \$30.00 *	_____	_____	Bath Tub	_____	Coffee Maker	_____
For each water service	@ 10.00	_____	_____	Lavatory	_____	Drinking Fountain	_____
For each building sewer and each trailer park sewer	@ 15.00	_____	_____	Shower	_____	Dental Chair	_____
For each plumbing fixture or trap	@ 10.00	_____	_____	Urinal	_____	Floor Drain	_____
For each water heater (or replacement)	@ 10.00	_____	_____	Water Closet (Toilet)	_____	Area Drain	_____
For installation, alteration, or repair of water piping and/or water treatment equipment	@ 10.00	_____	_____	Kitchen Sink	_____	Indirect Waste	_____
For repair or alteration of drainage or vent piping	@ 10.00	_____	_____	Service Sink	_____	Grease Trap	_____
For each lawn sprinkler or fire protection system or any one meter, including backflow protection device	@ 10.00	_____	_____	Wash Tray	_____	Bar Sink	_____
For (1) to (4) total unprotected plumbing fixture, tank, vat, etc. or vacuum breaker or backflow protection device	@ 7.00	_____	_____	Dishwasher	_____	Floor Sink	_____
For (5) or more unprotected plumbing fixtures, tanks, vats, etc. or vacuum breaker or backflow protection device (each) ..	@ 2.00	_____	_____	Auto. Washer	_____	Sump Drain	_____
For each industrial water pre-treatment equipment including its drainage and vent	@ 10.00	_____	_____	Car Wash Sump	_____	Glass Washer	_____
For each medical gas piping system serving one to five inlet(s) and outlet(s) for a specific gas	@ 75.00	_____	_____	Ice Machine	_____	Aspirator	_____
For each additional medical gas piping inlet(s) and outlet(s)	@ 10.00	_____	_____	Glass Fill Station	_____	X-Ray Tank	_____
Gray water system (commercial or residential)	@ 75.00	_____	_____	TYPE OF BUILDING			
				Single Family	_____	Commercial/Public	_____
				— Individual Well	_____	Accessory Building	_____
				— Septic Tank	_____	New	_____
				Multiple Family	_____	Addition/Alteration	_____
TOTAL FEE							

*Except for replacement of water heaters

PROVIDE BUILDING PERMIT NUMBER FOR COMMERCIAL/PUBLIC PROJECTS #

Note 1: The "requested plumbing inspection" fee is \$65.00 provided such inspection is less than 1 hour in duration. \$25 for each 30 min. or fraction thereof in excess of 1 hr. plus travel and per diem.

Note 2: A "reinspection" fee of \$30.00 will be charged when reinspection needed, provided the \$30 does not exceed the original fee, in which case the original fee will be charged.

Note 3: Double Fee Penalty: If work has commenced prior to application for a permit and submittal of proper fees, the fee will be doubled in accordance with Section 50-60-509, MCA. **Application must be signed and dated by the plumber responsible for the work.**

MASTER SIGNATURE: _____ DATE: _____