APPLICATION FOR PLUMBING PERMIT

I hereby make application for a permit to do electrical 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. 11/25)

*****All incomplete applications will be returned unprocessed*****

Property Address | City | State (MT) | Zip

Directions to Property

Is job located within city limits? ☐Yes ☐No

Name of Building or Business in Building

Is this a State-owned building? ☐Yes ☐No

County

17 Digit Geocode | Parcel Number | Lot | Block

Size of Property (acres) | Section | Township | Range

Property Owners Name | Property Owner Phone | Property Owner Email

Property Owner Mailing Address | City | State | Zip

Master Plumber Name | Master Plumber License Number

Master Plumber Mailing Address | City | State | Zip

Master Plumber Email | Master Plumber Phone

TYPE OF WORK: ☐New ☐Alteration/ Remodel ☐Addition

POTABLE WATER SOURCE: ☐Public Utility ☐Potable

TYPE OF BUILDING: ☐Acc Bldg ☐Comm/Public ☐Mlt Family ☐SFD

SEWER SERVICE TYPE: ☐Public ☐Septic

NUMBER OF FIXTURES/ TRAPS IN EACH BOX **$10 EACH:**

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

FEE SCHEDULE:	**FEE:**	**NUMBER:**	**AMOUNT DUE:**
Gray water system, commercial or residential	$60	☐Yes ☐No =	
Repair or alteration of drainage or vent piping	$30	☐Yes ☐No =	
Alteration or repair of water piping and/or treatment	$30	☐Yes ☐No =	
Each **connection** of building water supply to water service/ public utility or private well	$20	X _____ =	
Each **connection** of building drain to sewer system/ public or septic	$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 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 Nitrous Oxide Carbon Dioxide Medical Vacuum Any other medical gas piping	$100	X _____ =	
If total outlets for all gases/vacuum piping exceed 20 outlets, there is an additional fee for each outlet over 20...	$10	X _____ =	
Each plumbing fixture or trap **(**total from boxes above**)**	$10	X _____ =	
		TOTAL: $	

Master Plumber Signature | Print | Date

Make check payable to Building Codes and send with application to:

DEPARTMENT OF LABOR & INDUSTRY | BCB | PO BOX 200517 | HELENA, MT 59620-0517

PHONE: (406) 841-2056 | *You can also apply online at* https://aca-prod.accela.com/bcb/