

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 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

TYPE OF BUILDING: Accessory Building Commercial/ Public Multiple Family Single Family Dwelling

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:

	<u>FEE:</u>	<u>NUMBER:</u>	<u>AMOUNT DUE:</u>
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/>