

APPLICATION FOR PLUMBING PERMIT

PERMIT NUMBER

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)

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

SCHEDULE OF FEES	EACH	NO.	TOTAL
For issuing Each permit	@ \$20.00 *	_____	_____
For each water service	@ 7.00	_____	_____
For each building sewer and each trailer park sewer	@ 11.00	_____	_____
For each plumbing fixture or trap	@ 7.00	_____	_____
For each water heater (or replacement)	@ 7.00	_____	_____
For installation, alteration, or repair of water piping and/or water treatment equipment	@ 7.00	_____	_____
For repair or alteration of drainage or vent piping	@ 7.00	_____	_____
For each lawn sprinkler or fire protection system or any one meter, including backflow protection device	@ 7.00	_____	_____
For (1) to (4) total unprotected plumbing fixture, tank, vat, etc. or vacuum breaker or backflow protection device	@ 7.00	_____	_____
For (5) or more unprotected plumbing fixtures, tanks, vats, etc. or vacuum breaker or backflow protection device (each) ..	@ 2.00	_____	_____
For each industrial water pre-treatment equipment including its drainage and vent	@ 7.00	_____	_____
For each fuel gas piping system of one to four outlets	@ 7.00	_____	_____
For each fuel gas piping system of five or more per outlet	@ 2.00	_____	_____
For each medical gas piping system serving one to five inlet(s) and outlet(s) for a specific gas	@ 50.00	_____	_____
For each additional medical gas piping inlet(s) and outlet(s)	@ 5.00	_____	_____
TOTAL FEE			_____

*Except for replacement of water heaters

SCHEDULE OF PLUMBING FIXTURES (NO. OF EACH)	
Bath Tub	Coffee Maker
Lavatory	Drinking Fountain
Shower	Dental Chair
Urinal	Floor Drain
Water Closet (Toilet)	Area Drain
Kitchen Sink	Indirect Waste
Service Sink	Grease Trap
Wash Tray	Bar Sink
Dishwasher	Floor Sink
Auto. Washer	Sump Drain
Car Wash Sump	Glass Washer
Ice Machine	Aspirator
Glass Fill Station	X-Ray Tank
TYPE OF BUILDING	
Single Family	Commercial/Public
__ Individual Well	Accessory Building
__ Septic Tank	New
Multiple Family	Addition/Alteration

PROVIDE BUILDING PERMIT NUMBER FOR COMMERCIAL/PUBLIC PROJECTS

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Note 1: The "requested plumbing inspection" fee is \$45.00 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 APPLICANT SIGNATURE: _____ DATE: _____

DEPARTMENT OF LABOR & INDUSTRY
PLUMBING/MECHANICAL SAFETY SECTION
PO BOX 200517
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