Date Stamp:

PLANNING & COMMUNITY DEVELOPMENT DEPT.
BUILDING DIVISION
2 PARK DRIVE S
PO BOX 5021
GREAT FALLS, MT 59403-5021
406.455.8430 PERMIT@GREATFALLSMT.NET

Permit #: _____

RESIDENTIAL BUILDING PERMIT APPLICATION (Complete all applicable items)

Project Address_____

Applicant: _____ **Mailing Address:** _____

Phone: _____ **Email:** _____

Point of Contact (required): _____

Phone: _____ **Email:** _____

Property Owner: _____ **Mailing Address:** _____

Description of Work: _____

_____

Valuation of Work: _____

Construction Type: _____

Occupancy Type: _____

Fire Sprinkler: Yes ☐ No ☐

Type of Building: New ☐ Addition ☐ Remodel ☐

1-2 Family Dwelling ☐ **Multi-Family Tri-Plex** ☐

Total Building Sq Ft: _____ **#Floors:** _____ **#Bedrooms:** _____ **#Bathrooms:** _____

Deck Sq Ft: _____ **Garage Sq Ft:** _____ **Basement Sq Ft:** _____ **Finished** ☐ **Unfinished** ☐

General Contractor: _____ **Contact Name:** _____

Mailing Address: _____

Phone: _____ **Email:** _____

Plumbing Contractor: _____ **Contact Name:** _____

Mailing Address: _____

Phone: _____ **Email:** _____

Mechanical Contractor: _____ **Contact Name:** _____

Mailing Address: _____

Phone: _____ **Email:** _____

Electrical Contractor: _____ **Contact Name:** _____

Mailing Address: _____

Phone: _____ **Email:** _____

I hereby certify that the above information is correct and the construction on, and the occupancy of the above described property will be in accordance with the laws, rules, and regulations of the State of Montana and the City of Great Falls. **A written letter of authorization from the property owner, if other than the applicant, shall be submitted indicating knowledge of the applicant's intent.**

Signature of Applicant:_____ **Date:**_____

*** Applicant will be responsible for plan review fee if application is deemed abandoned after 180 days.**

FOR OFFICE USE ONLY:

Permit Entered By:	Fees Due:	Zoning Review Approval:	PCD Approval:

Effective Date: 7/2025