



Plumbing Permit Application

Jurisdiction of the City of Columbia Falls

Building Department 130 6th Street West Columbia Falls, MT 59912

Phone: (406) 892-4432

Fax: (406) 892-4413

e-mail: sobczakc@cityofcolumbiafalls.com

Plumbing Permit #	Date Paid	Owner Last Name or Business Name	Owner First Name	House #	Street Name	Unit #	Contracting Company
<u>Contact Name</u>		<u>Phone Number</u>		<u>Email Address</u>			
COUNT	TYPE	EACH	FEE	TYPE OF BUILDING			
	Issuing Permit		\$30.00	<u>Building Use</u>		<u>New/Addition/Remodel</u>	
	Tub / Showers	\$10.00		Single Family Residential			
	Water Closets (toilets)	\$10.00		Multi Family Residential			
	Lav's (bath sinks)	\$10.00		Commercial			
	Kitchen Sinks	\$10.00		DUPLEX			
	Dishwashers	\$10.00		NOTICE This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.			
	Bar Sinks (Classroom)	\$10.00					
	Clothes Washers	\$10.00					
	Laundry Tub	\$10.00					
	Hose Bibs 1 to 4	\$10.00					
	Hose Bibs Over 4	\$5.00					
	Drinking Fountain	\$10.00					
	Floor / Drain Sink	\$10.00					
	Mop / Wash Sink	\$10.00					
	Urinal	\$10.00					
	Gas Piping 1 to 4	\$10.00		Issued By:		Date:	
	Gas Piping Over 4	\$7.00					
	Water Heaters	\$10.00		City of Columbia Falls, Building Department			
	Misc	\$10.00		Make checks payable to: CITY OF COLUMBIA FALLS			
	Ice	\$10.00		<u>TOTAL FEES</u>			

Sign & Print: X _____

Minimum 24 Hours Notice Required to Schedule Appointments for Inspection: 406-863-2410