

City of Belgrade Application for Plumbing Permit

I hereby make application for a permit to conduct plumbing 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. 10/2019)

***** You must provide accurate LOCATION and OWNER information, as it is required for the permitting process *****

Address: _____ City: _____ State: MT Zip: _____

Name of Building or Business in Building (if applicable): _____

Directions to property: _____

County: _____ Is job located inside the city limits? (circle one) YES NO

17 digit GEOCODE: _____ Parcel: _____ Lot: _____ Block: _____

Size of Property (acres): _____ Section: _____ Township: _____ Range: _____

Owner Name: _____

Mailing Address : _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Master Plumber: _____ Master Plumber License Number: _____

Mailing Address (for Permit): _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Number of Fixtures/traps in each box * \$10 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/Laundry Tray.....		Bar Sink.....	
Dishwasher.....		Floor/Mop Sink.....	
Laundry Box.....		Sump Drain/Lift Station.....	
Car Wash Sump.....		Glass Washer.....	
Ice Machine.....		Aspirator.....	
Glass Fill Station.....		X-Ray Tank.....	

Type of Building (required)

- _____ Single Family
- _____ Multiple Family
- _____ Commercial/Public
- _____ Accessory Building

Type of Work (required)

- _____ New
- _____ Alteration/Addition

Sewer Service Type (required)

- _____ Public Sewer System
- _____ Septic System

Potable Water Source (required)

- _____ Potable Water Source
- _____ Public Utility

Fee Schedule:

	Fee	Number	Amount Due
Gray water system, commercial or residential.....	\$60	X yes / no =	_____
Repair or alteration of drainage or vent piping.....	\$30	X yes / no =	_____
Alteration or repair of water piping and/or treatment.....	\$30	X 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 protection 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 _____ =	_____
Each plumbing fixture or trap (***) total from boxes above (***).....	\$10	X _____ =	_____

Master Plumber Signature _____

Total: \$ _____

Print name _____

Date: _____

Make checks payable to: **City of Belgrade**
City of Belgrade Public Works, Planning, & Building - 91 East Central Ave. - Belgrade, MT 59714
Phone (406) 388-3783