

COMMERCIAL BUILDING PERMIT APPLICATION

Building Inspection Division

300 Main Street

Deer Lodge, MT 59722

406-846-2238 (FAX) 406-846-3925

City of Deer Lodge



Permit #: _____

Project #: _____

Applied Date: _____

Issued Date: _____

INSTRUCTIONS - TYPE OR PRINT CLEARLY AND USE BLACK OR BLUE INK - NO PENCIL - The applicant must fill out sections I, II and III. Your permit will not be processed if you do not fill out the required information. Please read all conditions on this application before signing. The property owner and/or licensed contractor must sign and date the application. If not applicable please write N/A (do not leave blank). When filling our addresses, please include ST, AVE, RD, DR, etc. and zip code. A separate permit application is required for each building or structure except townhouses or commercial tenant spaces where each unit requires a permit. If necessary, provide directions to the site, location of work within the building, and/or attach a map.

SECTION I: PROPERTY INFORMATION

PROJECT ADDRESS: _____

BLDG#: _____ SUITE# _____
 UNIT#: _____ APT# _____
 SUBDIV: _____
 BLOCK: _____ LOT: _____
 COS/TRACT: _____ PARCEL#: _____
 SECTION: _____ TOWNSHIP: _____
 RANGE: _____ GEOCODE: _____

TOTAL AREA (SQUARE FOOTAGE) _____

PROPERTY: _____

PROPOSED STRUCTURE: _____

EXISTING PRIMARY STRUCTURE: _____

BUILDING OR STRUCTURE USE

MULTI-FAMILY _____ UNITS
 STORAGE BUILDING
 OTHER _____
 CHANGE OF USE: YES _____ NO _____
 PREVIOUS USE: _____
 PROPOSED USE: _____
 BUSINESS NAME (IF APPLICABLE): _____

SECTION II: PEOPLE INFORMATION

PROPERTY OWNER

NAME: _____
 ADDRESS: _____
 CITY, ST, ZIP: _____
 PHONE: _____

CONTRACTOR - SAME AS OWNER

NAME: _____
 ADDRESS: _____
 CITY, ST, ZIP: _____
 PHONE: _____

ARCHITECT/ENGINEER

NAME: _____
 PHONE: _____

CONTACT PERSON

NAME: _____
 PHONE: _____

SIGNATURE OF PROPERTY OWNER _____ DATE _____

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____

SECTION III: PROPOSED WORK

- NEW CONSTRUCTION - ADDITION
 - CHANGE OF USE - REMODEL
 - REFROOF/RESIDE - REPAIR
 - OTHER _____ - DEMOLITION

PROJECT DESCRIPTION

CONDITIONS - The proposed must be done in accordance with approved plans and specifications. Separate permits are required for, but not limited to, electrical, plumbing, mechanical, signs, sewer, water, paving and right-of-way. Furthermore, it is the duty of the General Contractor to assure that all required inspections are scheduled 24 hours in advance and approved by the City Inspectors. 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 the 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 and that I make this statement under penalty of perjury.

BUILDING INSPECTION DIVISION

CONST TYPE	OCC. TYPE	MAX OC. LOAD	SMOKE DETECTOR REQUIRED?	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
STORIES	DWELLING UNITS	MAX OC. LOAD	SPRINKLERS REQUIRED?	
			REQUIRED?	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

COMMENTS/SQ FOOTAGE: _____

PLANS EXAMINER SIGNATURE _____ DATE _____

SECTION IV: FEES

- BUILDING PLAN REVIEW _____
 VALUATION _____
 BUILDING PERMIT-FEE _____

TOTAL DUE _____

CASH CHECK# _____

RECEIVED BY: _____

Mary Ann Fraley
Mayor
Mark McLaverty
City Attorney
Donna Seaton
City Clerk / Treasurer

CITY OF
DEER LODGE

300 MAIN STREET
DEER LODGE MT 59722-1098

CITY COUNCIL
REX ANDERSON
DAVID AUSTIN
HELEN G. GILL
LYLE E. GILLETTE, JR.
TOM GODDARD
EDWARD M. HEBBE IV
JACK HINKLE
JOHN J. MOLENDYKE

ROOF INSPECTION REPORT

DRY-IN INSPECTION REQUIRED PRIOR TO ROOFING

INSPECTOR: _____ DATE: ____/____/____ TIME: _____ AM PM

SITE ADDRESS: _____

CONTRACTOR: _____ OWNER: _____

PHONE: _____ PHONE: _____

BUILDING INFORMATION

OCCUPANCY TYPE: _____ TYPE OF CONSTRUCTION: _____

ROOF AREA: _____ SQ. FT. MIN. ROOF CLASS: _____

ROOF PITCH: _____ NO. OF STORIES 1 ___ 2 ___ MORE: (SPECIFY) _____

CONTRACTOR PROPOSAL

COMPLETE REMOVAL AND REPLACEMENT OF MATERIALS: YES: ___ NO: ___

OVERLAY OF EXISTING MATERIALS (ENGINEERING REQUIRED) YES: ___ NO: ___

MATERIALS: _____

UNDERLAYMENT: _____

PERMIT APPROVED FOR ISSUANCE: _____

(INSPECTORS SIGNATURE)

TELEPHONE: (406) 846-2238 ~ FAX: (406) 846-3925