



# City of Hamilton

## Plumbing Permit Application

\$ \_\_\_\_\_

Review of application is ten working days.

### OFFICE USE ONLY

PERMIT # **PLUM-** \_\_\_\_\_ Plans Attached: \_\_\_ Date Closed: \_\_\_\_\_

Associated Building Permit # \_\_\_\_\_ Application Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Approved By: \_\_\_\_\_

Land Hansen, Building Inspector Date

On File: Master Plumber License # \_\_\_\_\_ Exp. \_\_\_\_\_ Hamilton Business License # \_\_\_\_\_ Exp. \_\_\_\_\_

Project Address: \_\_\_\_\_

Type of Building: \_\_\_\_\_ Single Family \_\_\_\_\_ Multiple Family \_\_\_\_\_ Commercial  
\_\_\_\_\_ Accessory \_\_\_\_\_ Public (Assembly/Institutional) \_\_\_\_\_ Factory(Industrial) \_\_\_\_\_ Warehouse (manufacturing)

Type of Project: \_\_\_\_\_ New Construction \_\_\_\_\_ Remodel/Alterations \_\_\_\_\_ Addition

Property Owner: \_\_\_\_\_ Company: \_\_\_\_\_

Home or Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Master Plumber (Applicant): \_\_\_\_\_ Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web site: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

On Site Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Upon signing this application I agree to have a licensed Master Plumber perform all plumbing work in accordance with Title 50, Chapter 60, Section 505, MCA and Sections 8.70.302, 8.70.303, 8.70.304, and 8.70.305 ARM.

This permit becomes null and void if the authorized plumbing work has not commenced within 180 days or exceeds the expiration date on the issued permit. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of the Uniform Plumbing Codes and the international Building codes will be strictly enforced. The applicant and the property owner are responsible for compliance with all applicable Codes and Ordinances.

***It is the Master Plumber's responsibility to call in and schedule all required inspections at (406) 363-3316***

**24 Hours Notice is required for all inspections**

Applicant Signature: \_\_\_\_\_ Application Date: \_\_\_\_\_

**103.4 Amended Schedule of Plumbing Permit Fees effective 1/1/2015**

Auto-Calculate

	Quantity	x Cost	=Total
Plumbing Inspection			
Plumbing Fixture/Trap			
Water Service – domestic or commercial			
Sewer fee for each building or trailer park			
Storm drain and storm drainage			
Water heater – new or replacement			
Industrial water pre-treatment interceptor, including its tray and vent; excepting kitchen type grease interceptors functioning as fixture traps			
Treatment Equipment: for alteration or repair of water piping &/or water treatment equipment			
For each repair or alteration of drainage or vent piping			
For each lawn sprinkler system and fire protection system or any one meter, including backflow protection devices therefore			
For each hose bib, vacuum breakers, or backflow protective devices on tanks, vats etc., or for installation on unprotected plumbing fixtures, including necessary water piping			
	<b>Total Fee</b>		

**Note 1:** Requested plumbing inspection fee is \$75 (provided that such service is less than 1 hour in duration and then \$35 for each 30 minute fraction part thereof in excess of one hour. Travel and per diem may be charged as per the state of Montana’s existing rate for these items).

**Note 2:** A re-inspection fee of \$45 will be charged provided the \$30 does not exceed the original permit fee, in which case the original fee will be charged.

**Note 3:** Double Fee Penalty. If work has commenced prior to application of a permit and submittal of proper fees, the fee will be doubled in accordance with Section 50-6-509, MCA. The application must be signed and dated by the plumber responsible for the work.

**SCHEDULE OF PLUMBING FIXTURES (PROVIDE NUMBER OF EACH)**

<u>Fixture</u>	<u>Total</u>	<u>Fixture</u>	<u>Total</u>
Bath Tub	_____	Coffee Maker	_____
Lavatory	_____	Drinking Fountain	_____
Shower	_____	Dental Chair	_____
Urinal	_____	Floor Drain	_____
Water Closet (Toilet)	_____	Area Drain	_____
Kitchen Sink	_____	Roof Drain	_____
Service Sink	_____	Refrigerator Drain	_____
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	_____