

**CITY OF HAMILTON
PLUMBING PERMIT APPLICATION**

\$ _____

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: _____ **Street Direction:** _____ (North, South, East, West)

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: First, MI, & Last Name: _____ **Company:** _____

Home or Work Phone: _____ Cell Phone: _____

Mailing Address: _____

Master Plumber (Applicant): First, MI, & Last Name: _____ **Company Name:** _____

Work Phone: _____ Cell Phone: _____ Fax: _____

E-Mail: _____ Web site: _____

Physical Address: Street #: _____ Street Name: _____ Street Type: _____ Street Direction: _____

Mailing Address: _____

On Site Contact First, MI, & Last Name: _____ **Cell Phone:** _____

I am a licensed Master Plumber and upon signing this application I agree to 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

Application Date: _____ **Master Plumber's Signature:** _____

SCHEDULE OF FEES EACH NO. TOTAL

Plumbing Permit (for issuing Each Permit *except for replacement of water heaters). @ \$30.00*	X	_____	=	_____	
Unprotected Fixture: plumbing, tank, vat, or vacuum breaker or backflow protection device etc. (price per fixture)	@ \$10.00	X	_____	=	_____
5+ Gas Piping System [of more than 4 outlets (per outlet)]	@ \$10.00	X	_____	=	_____
Backflow Preventer [or any one meter including protection device]	@ \$10.00	X	_____	=	_____
Ind. Water Pre-treatment [each industrial equipment including its drainage & vent]	@ \$10.00	X	_____	=	_____
Plumbing Fixture/Trap	@ \$10.00	X	_____	=	_____
Sewer Fee [building or trailer park]	@ \$15.00	X	_____	=	_____
Sprinkler System [for lawn or fire protection]	@ \$10.00	X	_____	=	_____
Storm Drain	@ \$10.00	X	_____	=	_____
Treatment Equipment: for installation, alteration, or repair of water piping	@ \$10.00	X	_____	=	_____
Vent Piping [for repair or alteration of drainage or]	@ \$10.00	X	_____	=	_____
Water Heater [new or replacement]	@ \$10.00	X	_____	=	_____
Water Service [each]	@ \$10.00	X	_____	=	_____
TOTAL FEE:				_____	

Note 1: The requested plumbing inspection fee is \$45 provided such inspection is less than 1 hour in duration. \$25 for each 30 minutes or fraction thereof in excess of 1 hour plus travel and per diem.

Note 2: A re-inspection fee of \$30 will be charged with a re-inspection needed provided the \$30 does not exceed the original 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	_____