PLANS SUBMITTED FOR THE APPROVAL PROCESS MUST CONTAIN SUFFICIENT DETAIL AS TO ALLOW CONSTRUCTION OF THE STRUCTURE USING ONLY THE SUBMITTED DOCUMENTS AND BE SUFFICIENT TO DETERMINE COMPLIANCE WITH ALL BUILDING AND CITY CODES

ONE FULL SIZE 1/4" SCALE SET OF PLANS AND ONE 11"X17" SET REQUIRED

Site Plan

One at 1/4" Scale and one on 11"x17" paper

Property Address / Legal Description

All Streets Bordering Property Labeled

Property Lines and Dimensions from Side, Front and Rear Yards

In most cases, setbacks are measured to foundation wall

All Site Improvements Including

Existing Construction

LOCATE YOUR PROPERTY PINS

New Construction Patios and Decks

Driveways and parking areas must be paved (list dimensions)

Indicate Any Trees or Sidewalk on City ROW on Site Plan

Exterior Elevations (1/4" scale)

Illustrate All Sides of the Building per Scale

Finish Grade

Roof Slope

Finish Height (Natural Grade to Peak)

Foundation Plan (1/4" scale)

Show Type of Foundation to be Used and Dimensions

Indicate Basement and/or Crawl Space Areas

Damp/Water Proofing

Detail Crawlspace Tempering / Energy Conservation Code

Show Crawl Space Vent Locations

Indicate Mechanical Equipment Locations

Wall Section (1/4" scale)

Complete Foundation Detail

Wall Section to Show Details from the Footing to the Ridge Line

Size of Footing and Foundation Wall

Anchor Bolts Size and Location

Exterior Wall Framing to Include

Stud Size and Spacing

Header Type and Size for Exterior Openings

Truss Blocking

Insulation Values

Exterior Walls

Foundation

Crawl Space

Roof/Ceiling

TWO Complete Sets of Plans Required for Residential Projects TWO Complete Set of Plans, STAMPED by Architect / Engineer Required for Commercial and Multi-Family Projects of Three+ Units Res Check or Prescriptive Method required for Energy Code Compliance

Floor Plan (1/4" scale)

Provide a Complete Architectural Floor Plan for Each Level

Show All Interior Partitions and Dimension

Label Proposed Use of All Rooms or Areas

Location of All Windows and Doors

Include Dimensions and Types of Windows Used

Indicate Window Well if Basement Egress

Indicate Mechanical Equipment Location (Furnace, Water Heater)

Attic Access - Location and Size

Crawl Space Access - Location and Size

Smoke Detector Locations

Safety Glazing

Clothes Dryer Vent, Bathroom Exhaust Fans - Location/Termination

Stair Section (1/4" scale)

Provide a Stair Section

Show Rise and Run Dimensions

Headroom Height

Handrail and Guardrail Locations and Height

Framing Details (1/4" scale)

Floor Framing

One Complete Structural Plan per Floor Identifying

Framing Material

Type of Material

Spacing

Support Headers and Sizes

Support Post

Bearing Walls

Required Shear Panels

Include Seismic Connections

Roof Framing

A Complete Structural Plan Identifying

Framing Material

Trusses - Engineering Must be Provided

Rafters - Type of Material, Size and Spacing

Bearing Walls

Attic Ventilation

Include Seismic Connections

*INDICATE PROPER SNOW LOAD (50 lbs)

SEISMIC ZONE D1 AND 110 MPH WIND*

Complete attached water service connection worksheet. Permanent

water and/or sewer service will be granted only after all code requirements are confirmed to be complete. Codes include, but are not limited to, such items as: paving, landscaping, required permits & inspections and payment of applicable fees. A financial guarantee in the form of a bond or letter of credit with a specified completion date may be required for any work that cannot be immediately completed.

ALL ABOVE ITEMS MUST BE INCLUDED WITH THE APPLICATION

Incomplete applications will not be accepted. Additional materials may be requested.

1 full size 1/4"scale set of plans and one 11"x17" set

Columbia Falls Building Department

130 6th St W, Columbia Falls, MT 59912 / Phone: (406) 892-4432 / Fax: (406) 892-4413

<u>required</u> : :	it for the erection and afteration of	or buildings #
JOB ADDRESS	Legal Description Lot	Block
Owner	Email:	
lailing Address	'	Phone:
		Cell:
Contractor	Email:	
lailing Address		Phone:
city Business License # (required)		Cell:
Design/Engineer	Email:	
failing Address		Phone:
		Cell:
Class of Work: NEW ADProject Description:	DITION REMODEL RE	PAIR DEMOLITION
Project		
Valuation:	ResCheck: Truss Plan:	Site Plan:
LAND INFORMATION	BUILDING IN	IFORMATION
Zoning District	Finished sq. ft.	Basement sq. ft.
Subdivision	(exclude basement)	
New Building Size (sq ft)	Unfinished sq. ft.	
footprint of all new bldgs) Existing Building Size (sq ft)	(exclude basement) Garage sq. ft.	Carport sq. ft.
footprint of all existing bldgs)	Garage sq. it.	Carport sq. it.
ot Size Sq. Ft.	Covered Porches sq. ft.	Decks/Open Porches sq. ft.
% of Lot Coverage	Other Structures:	1 010103 34.11.
Set Back Requirements (must be shown on site plar	.L	EARft. S. CORNERft
Building Permit Fee \$		
Plan Review Fee \$		
Fire Prevention Program Fee \$		
Total Fee \$_		
subject to all ordinances including those covering the zoning	g and the erection of buildings in the City of Columbia	Falls.
The granting of a permit or approval of plans, specifications,	and computations shall not be construed to be a per	mit for, or an approval of, any
iolation of any of the provisions of the Uniform Building, Me	chanical, or Plumbing Code; the National Electrical C	Code; the City of Columbia Falls.
he Applicant and the owner have responsibility for complia	nce with all applicable laws, regulations, codes, and o	ordinances.
separate permits are required for electrical, plumbing, a	nd mechanical (heating, venting, or air condition	ing). This permit becomes
ull and void if work or construction has not commence	d within 180 days or if construction or work is su	spended or abandoned
or a period of 180 days at anytime after work has comm	enced.	
Signature of Owner (or Authorized Agent) _		Date
Building Inspectors Signature		Date



Service Address:

Property Owner's Name:

PUBLIC WORKS DEPARTMENT

130 6TH STREET WEST COLUMBIA FALLS MT. 59912 PHONE: (406) 892-4430 FAX: (406) 892-4413

City of Columbia Falls Application for Water and/or Sewer Connection

Complete this worksheet with your Building Permit Application. It will be used to determine water/sewer service level required for your proposed structure(s) and associated plant investment, connection and inspection fees. Submittal of this form does not constitute authorization to connect to city services. Following acceptable review of the information submitted herein, a permit will be issued by the City to the property owner. You are not permitted to proceed with the work until the permit has been issued by the City of Columbia Falls. Failure to complete this form in its entirety may delay your application.

Troperty officer strainer		
Property Owner's Phone Number:		
Property Owner's Mailing Address:		
Property Owner's Email Address:		
Contractor Company Name:		
MT State Contractor's License Number:		
Columbia Falls Business License Number:		
Contractor Contact Name:		
Contractor Contact Phone Number:		
Contractor Contact Email Address:		
Type of Building or Structure:		
New Construction or Remodel? (Circle one)	New	Remodel
Quantity of Meters Requested?		Each
Requesting Connection to city service for? (Circle one or both)	Water	Sewer
Previously connected to City water/sewer at service address?		Sewer
Proposed length of service line(s) from curb stop to connection @ structure?		Feet
Type of heat system(s) existing and/or proposed on premises?		_
Irrigation system proposed? (Circle One)	Yes	No
Separate irrigation service line proposed? (Seperate line to main in street, Circle One)	Yes	No
Completed Page 2 of this form? (Circle One)	Yes	No
Dwner's Statement Application is hereby made to connect to the City of Columbia Falls Public Water and/or Sewer	System at	the location

indicated above. I am the owner of the subject property or am a duly authorized representative of the property owner. I understand that submittal of this form alone does not constitute authorization to connect to city services. I understand that I

am not permitted to proceed with the work prior to receiving a Water & Sewer Permit from the City of Columbia Falls.

Name (Print)

Signature Date



City of Columbia Falls Application for Water and/or Sewer Connection

Indicate the quantity of each type of fixture to be on the premises. If you are constructing an accessory structure and connecting to an existing water service line, fixture counts shall include the existing structure(s). Please indicate if any fixtures are located outside of the main structure in the note column.

Fixture	Quantity	Note	WSFU	
Bathtub or Combination Bath/Shower				
Shower, per head (do not count here if counted as bath/shower combo)				
3/4 inch Bathtub Fill Valve (note that this is an uncommon fixture)			(
Bidet			0	
Clothes Washer			Ĺ	
Dental Unit, cuspidor			1	
Dishwasher, domestic			4	
Drinking Fountain or Water Cooler				
Exterior Hose Bibb			7.7	
Lawn Sprinkler, each head			λ	
Sinks				
Bar			г.г	
Clinic Faucet			U	
Clinic Flushometer Valve with or without faucet				
Kitchen, domestic with or without dishwasher			t,	
Laundry				
Service or Mop Basin			U	
Washup, each set of faucets				
Lavatory (Bathroom Sink)				
Urinal, 1.0 GPF Flushometer Valve			0	
Urinal, greater than 1.0 GPF Flushometer Valve				
Urinal, flush tank			IJ	
Urinal, hybrid				
Wash Fountain, circular spray				
Toilet, 1.6 GPF Gravity Tank				
Toilet, 1.6 GPF Flushometer Tank			V	
Toilet, 1.6 GPF Flushometer Valve				
Toilet, greater than 1.6 GPF Gravity Tank				
Toilet, greater than 1.6 GPF Flushometer Valve				
City of Columbia Falls Use Only				
Dronorty Type:				

City of Columbia Falls Use Only						
Property Type:						
Total Fixture Units:						WSFU
Water/Sewer Permit Nur	mber:					
Excavation Permit Numb	er or N/A:					
WSFU Calculated By:				Date:		



City of Columbia Falls Water & Sewer Service - Account Application

Service Addr	ess:		
Date You Mo	oved In:		
Name:			Which are you? Owner Tenant
Mailing Address:			(choose one)
City, State, Zip:			
Email Address:			Would you like email bills? Yes No
Cell Phone:			(choose one)
Other Phone:			
Number of People in Household:		Date Deposi	t Paid to City (if applicable):
Signature			Date
Cl	TY USE ONLY	BELOW THIS LI	NE
User Type:			
Water Rate Code:	S	Sewer Rate Code	e: EDU:
Meter Size:			
Meter Units:			
Meter ID:			
MXU ID:		B or C	
Date Meter Installed:			
Date Reader Installed:			
Meter Location:			
Curb Box Location:			
Touch Pad (Remote Head) Location:			
Built in UB	Date	Verified	Date



City of Columbia Falls APPLICATION/PERMIT TO EXCAVATE WITHIN CITY RIGHT OF WAY

ISSUE DATE:	PERMIT No.
Service Address (If Applicable):	
Work to be Performed for (Name):	
Work to Be Performed for (Phone):	
Contractor Company Name:	
MT State Contractor's License Number:	
Columbia Falls Business License Number:	
Contractor Contact Name:	
Contractor Contact Phone Number:	
Purpose of Excavation:	
Precise Description of Location:	
Approximate Size of Excavation (Plan and depth):	
 entirety may delay your application. This signed permit grants auth the location and to the specifications listed above, and under the fo Any proposed changes to the listed parameters must be approxin strict compliance with City of Columbia Falls Standards for and Columbia Falls Municipal Code 12.32 - Excavations. Fails property to preconstruction condition or better as approved a excavation is not performed within 180 days of the issue date. Applicant will provide a bond of \$5,000 pursuant to CFMC 1 with public works standards as determined by PWD for a perio Applicant agrees to comply with all local, state and federal practices as defined by the US Department of Labor and requir Applicant agrees to provide traffic control for the work in accommodate (MUTCD) as published by the US Dept. of Transportation, PWD prior to issuance of this permit. Applicant assumes the risk of all damage, loss, costs, claims and City, its officers, agents, and employees from and against any and may accrue or sustained on account of any claim, suit, or action of or injury to persons or destruction of property involving Apprehating to work performed pursuant to the permit, arising from 	wed by the Public Works Director, (PWD). All materials and workmanship shall be republic Works Improvements, Montana Public Works Standards (current edition) are to comply with the requirements of this permit will require restoration of City and directed by the PWD, at the expense of the Applicant. Permit becomes void if 2.32.30, and warrants all work will remain in suitable condition and in accordance and of one year from completion of the work. Tregulations applicable to the work being performed including excavation safety ared by the Occupational Safety and Health Act (OSHA). Traffic Control Devices Federal Highway Administration. A Traffic Control Plan may be required by the dexpense, including attorney's fees, and agrees to indemnify and hold harmless the and all liability, claim, damage, loss, costs, and expense, including attorney's fees, that a made or brought against the City, its officers, agents, or employees, for the death applicant, its employees, agents, and representatives, sustained in connection with or
Additional Conditions:	
***************************************	EE ON SITE DURING WORK****
TERMII WUSI D	LE ON SITE DURING WORK
Applicant:	Date:
Bond Valid and Permit Fee Paid:	Date:
Authorized By Public Works Director:	Date:

Note: Three signatures required for permit to be valid.

DRIVEWAYS and PARKING AREAS MUST BE PAVED

Municipal Code 18.522.040 Parking Areas And Driveways-Minimum Requirements

All parking areas and access driveways shall have at a minimum:

- 1. A smoothly graded stabilized dust free surface that has been treated with dust retardants for single family and duplex residential uses outside the city limits;
- 2. A paved hard surface (concrete, asphalt, interlocking bricks, etc.) for:
 - 1. Single family and duplex residential uses inside the city,
 - 2. Triplex or larger residential uses, and
 - 3. All nonresidential uses;
- 3. Adequate drainage so that injuries will not be caused to adjacent properties nor will water drain across a public walk;
- 4. Appropriate bumper guards or curbs where needed to define parking spaces, limits of paved areas or to prevent vehicles from projecting into any setback or other portion of a lot where parking may be prohibited by another section of this title.
- 5. All commercial uses including nonconforming commercial uses existing prior to January 1, 2008 which do not have paved parking lots and access driveways shall have five years (until December 31, 2013) to pave. Failure to do so will constitute a violation of these regulations.

REQUIRED INSPECTIONS

(Must Have a minimum 24 Hours Notice) (During peak building season – 48 Hours Notice)

	Sono-Tubes/Pier Pads/Columns
	Footings
	Walls Foundation/Basement
	Foundation Water Proofing
	Concrete Slab ☐ Underslab Plumbing ☐ Underslab Heating
	Rough Framing Rough Electrical Rough Mechanical Rough Plumbing
	Shear Wall Nailing
	Insulation
	Drywall Nailing
	Final Mechanical APPLIANCES TAGGED
	Other:
]	Other:
	Other:
	Final Building (For Certificate of Occupancy) Final Electrical Final Mechanical Final Plumbing

CUSTOMER CONSTRUCTION CHECKLIST

Applicant
Mailing Address
PhoneDate
PhoneDate
Street Number Tax Assessor#
Type of Project being considered: Zoning Classification
Zoning Classification
Zoning Classification Depending on your project, city regulations may require one or more of the following:
Building Permit (Need one set of plans with Building Permit application)
☐ Plumbing Permit
_ Mechanical Permit
Electrical Permit
Excavation Permit
Right of Way Permit
_ Sign Permit
_ Water Hookup Permit/Plant Investment Fee
Sewer Hookup Permit/Plant Investment Fee
Demolition Permit
City Address Assigned (by City Clerk)
City Business License (Required by Contractors)
Certificate of Occupancy
Final Inspection

^{*}Contact the city for any additional information you may need.