

Plumbing Permit Application Jurisdiction of the City of Columbia Falls

Building Department 130 6th Street West Columbia Falls, MT 59912

Phone: (406) 892-4432 Fax: (406) 892-4413

e-mail: sobczakc@cityofcolumbiafalls.com

Plumbing Permit #	Date Paid	Last Name or Business	First Name House #		Street Name	Unit#	Contractor	
								Phone Number
	TYPE		EACH FEE			TYPE OF BUILDING		
	Issuing Permit			\$30.00		Building Use		New/Addition/Remodel
	Tub / Showers		\$10.00	ψου.σσ		Single Family Residential		
			\$10.00			Multi Family Residential		
	Water Closets (toilets)					Commercial		
	Lav's (bath sinks)		\$10.00			DUPLEX		
	Kitchen Sinks		\$10.00					
	Dishwashers		\$10.00			NOTICE This permit becomes null and void if work or		
	Bar Sinks (Classroom) Clothes Washers Laundry Tub Hose Bibs 1 to 4 Hose Bibs Over 4 Drinking Fountain Floor / Drain Sink Mop / Wash Sink Urinal		\$10.00 \$10.00 \$10.00 \$10.00 \$5.00 \$10.00 \$10.00		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 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.		
			\$10.00					
	(Gas Piping 1 to 4	\$10.00			Issued By:	Date:	
	Gas Piping Over 4 Water Heaters Misc Ice		\$7.00					
			\$10.00	0.00		City of Columbia Falls, Building Department Make checks payable to: CITY OF COLUMBIA FALLS		
			\$10.00					
			\$10.00	\$10.00		TOTAL FEE		
V V								
	UQ40J398DZ			X				
Minimum 24 Hours Notice Required to Schedule Appointments for Inspection: 406-863-2410								