

Application for Plumbing Permit

I hereby make application for a permit to conduct plumbing work in accordance with all
Title 50, Chapter 60, Section 505, MCA and ARM 24.301.301 and ARM 24.301.361. BCP-1 (Rev. 06/2022)

*** You must provide accurate LOCATION and OWNER information, as it is required for the permitting process ***

Address: City: State: MT Zip:

Name of Building or Business in Building (if applicable):

Directions to property:

County: Is job located inside the city limits? (click one) YES NO

17 digit GEOCODE: Parcel: Lot: Block:

Size of Property (acres): Section: Township: Range:

Owner Name:

Mailing Address : City: State: Zip:

Email: Phone:

Master Plumber: Master Plumber License Number:

Mailing Address (for Permit): City: State: Zip:

Email: Phone:

Number of Fixtures/traps in each box *** \$10 Each ***

Bath Tub.....		Coffee Maker.....	
Lavatory.....		Drinking Fountain.....	
Shower.....		Dental Chair.....	
Urinal.....		Floor Drain.....	
Water Closet (Toilet).....		Area Drain.....	
Kitchen Sink.....		Indirect Waste.....	
Service Sink.....		Grease Trap.....	
Wash/Laundry Tray.....		Bar Sink.....	
Dishwasher.....		Floor/Mop Sink.....	
Laundry Box.....		Sump Drain/Lift Station.....	
Car Wash Sump.....		Glass Washer.....	
Ice Machine.....		Aspirator.....	
Glass Fill Station.....		X-Ray Tank.....	

Type of Building (required)

____ Single Family
____ Multiple Family
____ Commercial/Public
____ Accessory Building

Type of Work (required)

____ New
____ Alteration/Addition

Sewer Service Type (required)

____ Public Sewer System
____ Septic System

Potable Water Source (required)

____ Potable Water Source
____ Public Utility

Fee Schedule:

	Fee	Number	Amount Due
Gray water system, commercial or residential.....	\$60	X yes no =	
Repair or alteration of drainage or vent piping.....	\$30	X yes no =	
Alteration or repair of water piping and/or treatment.....	\$30	X yes no =	
Each connection of building water supply to water service/public utility or private well.....	\$20	X _____ =	
Each connection of building drain to sewer system/ public or septic.....	\$20	X _____ =	
Each NEW water heater (or replacement).....	\$25	X _____ =	
Each storm drain and storm drainage.....	\$30	X _____ =	
Each lawn sprinkler, fire protection system, any meter, or backflow protection device.....	\$30	X _____ =	
Each hose bibb, vacuum, breaker, and/or backflow device.....	\$6	X _____ =	
Each industrial water pre-treatment equipment including its drainage and vent.....	\$30	X _____ =	
Medical gas piping systems (how many): ____ Oxygen ____ Nitrogen ____ Medical Compressed Air		X _____ =	
____ Nitrous Oxide ____ Carbon Dioxide ____ Medical Vacuum ____ Any other medical gas piping.....	\$100	X _____ =	
If total outlets for all gases/vacuum piping exceeds 20 outlets, there is an additional fee for each outlet over 20.....	\$10	X _____ =	
Each plumbing fixture or trap (***) total from boxes above(***).....	\$10	X _____ =	

Master Plumber Signature _____ Total: \$ _____

Print name _____ Date: _____

Mail to: Building Codes Bureau / PO Box 200517 / Helena, MT 59620-0517
Phone: (406) 841-2056 - Fax: (406) 841-2050 – Apply for permits online at ebiz.mt.gov