

BUILDING PERMIT

Town of Stevensville
PO Box 30
Stevensville, MT 59870
406 777-5271

Permit # _____

PERMIT INFORMATION

Date _____ Project Address _____ Proposed Work _____
Project Type: ___ Res ___ Commercial ___ Multi-family ___ Other _____
Work: ___ New const. ___ Remodel/addition ___ Garage/shed ___ Deck/porch ___ Reroof ___ Fence ___ Other _____
Sq. footage _____ Survey or verification of property lines done by _____
Work to be done by ___ Property owner ___ Contractor ___ Other _____
Property owner name _____ Address _____ Phone _____
Contractor name, address, phone _____
Architect/engineer name, address, phone _____

BUILDING PERMIT FEES

The total *value* of the project is used to determine permit fees in accordance with permit fee schedule. If valuation is unknown, the value will be established by the Building Official using the most recent ICC tables.

TOTAL VALUE OF PROJECT \$ _____

Building permit fee \$ _____ plus Plan Review fee (25% of permit fee) \$ _____ = Total permit fee \$ _____

INFRASTRUCTURE FEES

Water..... \$ _____ Sewer..... \$ _____
Water meter..... \$ _____ Street cut..... \$ _____
Curb cut..... \$ _____ Other..... \$ _____

TOTAL INFRASTRUCTURE FEES \$ _____

Deduct fees already paid \$ _____

TOTAL FEES DUE PRIOR TO ISSUANCE OF PERMIT \$ _____

Paid by: ___ Cash ___ Check (# _____) ___ Credit card ___ Other _____

FOR DEPARTMENT USE ONLY

Zoning comments _____

Reviewed by: _____ Title _____ Date _____

Public Works comments _____

Reviewed by: _____ Title _____ Date _____

I agree to comply with all Town of Stevensville ordinances, codes and state laws. If the above information is incorrect or incomplete, the Building Official is authorized to suspend or revoke this permit. I agree to call for all required inspections and to make all necessary corrections before proceeding. This permit will become null and void if work is not commenced within 180 days from date of issuance or, if work is suspended or abandoned for a period of 180 days. An extension may be granted by the Building Official if just cause is presented in writing.

Print name _____ Signature _____ Date _____

Permit issued by _____ Date _____ Applicable codes _____

Permit final by _____ Date _____ Comments _____

POST YOUR COPY OF THIS PERMIT TO BE VISIBLE FROM THE STREET