



PUBLIC WORKS DEPARTMENT
520 4TH STREET
HAVRE, MT 59501
406-265-4941

Date Submitted: _____
 Zoning Variance: Y ___ N ___
 Permit #: _____

BUILDING PERMIT APPLICATION

Address/Name of Project: _____
 Lot #: _____ Block #: _____ Subdivision: _____ Tax ID#: _____
 Property Owner: _____ Mailing Address: _____
 Phone: _____ Email: _____
 Contractor: _____ Mailing Address: _____
 Phone: _____ Email: _____
 Architect/Engineer: _____ Mailing Address: _____
 Phone: _____ Email: _____

Description of Work: _____

Type of Structure: _____ Valuation of Work: \$ _____

CLASS OF WORK

New Addition Remodel Repair Alteration

BUILDING SET BACKS

Front: _____ Side: _____ Side: _____ Rear: _____

BUILDING DIMENSIONS

Length: _____ Width: _____ Height: _____

Agreement

I hereby state that the above is correct. I recognize that the approval of plans, issuance of a permit, or subsequent inspection approvals shall not be construed to allow violations of the code or other ordinances or laws enforced by the City of Havre. I consent to provide entry to inspectors as set forth in the building code and to request inspections as required. All materials, drawings or documents submitted for this permit become public record and may be released to the public. By signature below the signatory certifies and declares that he/she is either the Owner or the Authorized Agent of the owner of the Property.

Printed Name of Applicant _____
 Signature of Applicant _____ Date _____

OFFICE USE ONLY

Remarks and Special Conditions: _____

Fire Spinkler Required Yes ___ No ___	Off Street Parking Required ___ Furnished ___	Type of Construction _____	Occupancy Group _____	Maximum Occupancy _____
Number of Dwelling Units _____	Number of Bedrooms _____	Building Sq. Ft. _____	Accessory Sq. Ft. _____	Attached <input type="checkbox"/> Detached <input type="checkbox"/>
Application Accepted By: _____	Plans Reviewed By: _____	Plan Review Fee: \$ _____	Permit Fee: \$ _____	
Permit Entered By: _____		Fee due: _____		