



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

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

MISC. BUILDING PERMIT APPLICATION

Address/Name of Project: _____

Property Owner: _____ Mailing Address: _____

Phone: _____ Email: _____

Contractor: _____ Mailing Address: _____

Phone: _____ Email: _____

Architect/Engineer: _____ Mailing Address: _____

Phone: _____ Email: _____

Valuation of Work: \$ _____

CLASS OF WORK

New Addition Remodel Repair

TYPE OF WORK

Fence Driveway Sidewalk Curb Cut

REQUIRED SET BACKS

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

NOTE: The property line on the road side of the property is dictated by the road right-of-way. Please verify the required setbacks with City of Havre Public Works **BEFORE** any work is done in front yards or front & side yards for corner lots.

CHECKLIST

- Misc. Building Permit Application
- Site Plan
- Set back Requirements - Information available from City of Havre Public Works
- Code Requirements - Information available from City of Havre Public Works

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: _____

Application Accepted By: _____ Plans Reviewed By: _____ Plan Review Fee: \$ _____ Permit Fee: \$ _____

Permit Entered By: _____ Fee due: _____