



**CITY OF COLSTRIP**  
**RESIDENTIAL BUILDING PERMIT APPLICATION**  
**Phone 406-748-2300 Fax 406-748-2303**

Job Site Address					
Owner		Mail Address		Phone	
Contractor		Mail Address		Phone	
Architect or Designer		Mail Address		Phone	
Building Setbacks From Property Line	Front	Side	Side	Rear	
Building Dimensions	Length		Width	Height	
Circle Type of Work	New	Addition	Alteration	Repair	Move
Describe Work:					
Valuation of Work: \$			Total Square Footage		

**I understand and agree to the following:**

1. Separate plumbing, electrical, and mechanical permits may also be required. It is the sole duty of the applicant to obtain these.
2. The proposed work shall be done in accordance to the plans submitted and comply with city ordinances. All changes must be approved.
3. This permit shall become 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.
4. Construction of the proposed project may not be started by any person until a building permit is issued.
5. The building may not be used or occupied by any person until released for occupancy.

**Signature of Applicant**

**Date**

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