



Butte - Silver Bow
Building Code Department
155 West Granite Street Room 108, Butte, MT 59701
Demolition Permit Application

Location Of Project

Number _____ Street _____ City _____ Zip _____

Geocode* _____ Assesment Code* _____

Legal Description _____

*Permit application correspondance will be conducted via email

Required	Name (print)	Address, City, State, Zip	Telephone Number	Email Address
Owner				
Contact				
Licensed Professional				
Contractor				

Contractor BSB Buisness License #: _____ Contractor Bonded for Demolition? Yes/No

Reason for Demolition and Description of Structure to be Demolished: _____

Applicant Job Value	Number of buildings	Housing Units	Historic Site
\$			YES/NO

Public Owned _____ Yes / No

Total Floor Area of Structure		Name of Disposal Site to be Used		Method of Transporting Demolished Material:	
Building Depth	Building Width	Building Height	Stories	Estimated Start Date:	
				Estimated Completion time (Days):	

***Dimensional Site Plan Submitted? (Required) YES/NO**

Explain construction safeguard methods for neighboring properties and public right-of-way

Type of Construction:

_____	Wood Frame
_____	Masonry (Wall Bearing)
_____	Structural Steel
_____	Reinforced Concrete
_____	Wallframe (brick veneer)
_____	Basement
_____	Other

***All material and debris to be removed and excavation back-filled to grade (must have final approval from Inspector)
Back-fill shall be placed and compacted in 6 to 12 inch lifts
Any disruption of soil will require an excavation permit application submitted in addition to this application**

Signature or documentation of approval required below before submittal to Building Department	
Approval Signature by BSB Water Company 406-497-6540:	Date:
Water Company Comments:	
Approval Signature by Historic Preservation 406-497-6258:	Date:
Historic Preservation Comments:	
Approval Signature by Public Works (Roads) 406-490-0053:	Date:
Public Works (Roads) Comments:	
Approval Signature by Public Works (Metro) 406-431-2011:	Date:
Public Works (Metro) Comments:	

Signature of Applicant _____ **Date** _____

Received By _____ **Date** _____

Approved By _____ **Date** _____

Think Asbestos!
Before you renovate or demolish

INSPECT for Asbestos using a Montana accredited inspector.
NOTIFY Montana's Department of Environmental Quality.
PERMIT Asbestos activities with DEQ.
406-444-5300
<https://deq.mt.gov/cleanupandrec/programs/asbestos>

It's the Law!
DEQ
Montana Department
of Environmental Quality