



Date Submitted (for office use only): _____

Trade Permit Application

City of Whitefish, Planning & Building Department

PO Box 158, Whitefish, MT 59937

Phone: (406) 863-2410 / Fax: (406) 863-2409

buildingdept@cityofwhitefish.org

(Please print clearly. All information **MUST** be completed.)

CONTRACTOR INFORMATION	Company Name: _____
	Company Address: _____
	Company City, State, Zip: _____ City Business Lic #: _____
	Contact Name: _____ Phone #: _____
	Email: _____
	<input type="checkbox"/> Limited <input type="checkbox"/> Unlimited State of MT Lic #: _____
	<input type="checkbox"/> Journeyman <input type="checkbox"/> Master State of MT Lic #: _____

PROJECT INFORMATION	Project Address: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
	Brief Description of Work Being Done: _____

	Project Valuation (cost for materials & labor to complete project): _____

APPLICANT AFFIDAVIT

This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has or will commence prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Whitefish.

I certify that all the information provided in the application is accurate.

My signature below indicates acceptance of financial responsibility for all application and permit fees.

APPLICANT SIGNATURE:

Signature

Date

Printed Name

Title
(i.e. Owner, Tenant, Contractor, Designer, etc.)