



APPLICATION & ZONING PERMIT
PLANNING & COMMUNITY DEVELOPMENT
406-455-8415

Fee: \$100
Applicant Name _____ ☐ Owner ☐ Purchaser ☐ Lessee ☐ Representative

Applicant Mailing Address _____ Phone _____

Property Address or Legal Description _____

Existing or most recent use of property _____

- Check reason for application:
- | | |
|---|---|
| <input type="checkbox"/> Build new primary structure/use
(New Building Permit) | <input type="checkbox"/> Add to/alter existing structure
(Building Permit repair or remodel) |
| <input type="checkbox"/> Build new accessory structure
(Garage or shed) | <input type="checkbox"/> Safety Inspection Certificate
(Fire Department Inspection) |

Nature and scope of the proposed project: Explain the project including number of dwelling units, if residential, and describe in detail the proposed use, if nonresidential.

Certification: I hereby certify that I have provided this information in order to obtain a zoning permit and I am responsible for its accuracy.

_____ (Date) _____ (Signature)

NOTE: This application is for a ZONING PERMIT ONLY! Such elements including special development standards, setbacks, off-street parking, landscaping, driveway approaches, building codes, exterior lighting and signage are addressed through separate permits.

FOR OFFICE USE ONLY

Date received _____ Permit No. _____

Zoning District _____ Approved _____ Denied _____

Legal Description: Lot _____ Block _____ Addition _____

County Parcel# _____ Parcel Geo Code _____ - _____ - _____ - _____ - _____ - _____

Comments: _____

Determination made by _____ Date issued _____
Planning & Community Development Staff Signature

NOTE: This permit expires 1 year after issued.