

APPLICATION & ZONING DETERMINATION*
PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT
406-455-8438
FAX: 406-454-3181

Fee: \$500 (Required at time of request.)

Applicant Name _____ ☐ Owner ☐ Purchaser ☐ Lessee ☐ Representative

Applicant Mailing Address _____ Phone _____

Property Address or Legal Description for which determination is requested:

Explain proposed use(s) or nature of inquiry in detail: _____

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

(Date)

(Signature)

FOR OFFICE USE ONLY

Date received _____ Request No. _____

Zoning District _____ Fee paid _____

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

Legal Description: Lot _____ Block _____ Addition _____

Determination: _____

Determination made by _____

Date issued _____

Planning & Community Development Staff Signature

*This form may also be used to request a determination of the legality of an existing nonconforming use.