

Planning Department

414 East Callender Street, Livingston, MT 59047 Telephone 406.222.4102 Fax 406.222.4109 Email planning@parkcounty.org

ZONING PERMIT APPLICATION

This is an application to the Zoning Coordinator to grant a Zoning Compliance Permit, Variance Request, Conditional Use Permit, Zone Change or District Map Amendment to ensure that any construction projects are in accordance with the appropriate zoning regulations.

INSTRUCTIONS:

All applications shall be submitted at the Park County Planning Department. Any necessary filing fee must accompany the application. Please refer to the zoning regulations for fee schedules. All questions must be answered fully (as applicable). Please type or print. You may attach further pages if additional space is needed. **Please**Note: If a submitted application is missing information and/or a formal follow-up request from the Zoning Administrator is not addressed for a period of more than thirty working days, the submitted application will be considered null and void and the applicant will be required to resubmit the application and associated fee(s):

- Complete the application fully:
 - This includes full legal description of the property including the subdivision, block number, lot number, quarter section, Section, Township, and Range.
 - Be as specific as possible in describing the proposed building, if applicable.
 - Parking starts at a minimum of two spaces for a residence. For the parking requirements for other uses and types of structures, see the Zoning Coordinator.
 - o Be sure to include the zoning on your property. Maps are located in the Planning Office for reference.
 - O Variance, Conditional Use, Zone Change or District Map Amendment: Applicants <u>must include</u> the names and mailing addresses of all adjoining property owners and address all specific review criteria outlined in the applicable zoning regulations and section.
- Prepare a dimensioned site plan of the property which includes, but is not limited to the following:
 - The location and dimension of all vehicular points of ingress and egress, drives, and off-street parking spaces.
 - The location and dimension of all existing and proposed buildings, structures and improvements including those which will be removed. Please label all information.
 - o North arrow, scale, property lines, setbacks between buildings and property lines, and setbacks between buildings and other structures.

o Other pertinent features.

	Date of Application
	Last Name of Applicant
	Fee
APPLICATION 1	FOR A (please choose below):
	ompliance Permit
• Variance	-
 Condition 	al Use Permit
 Zone Cha 	nge
	Iap Amendment
	hereby makes application for permission to erect, construct, alter, move
a building or stru	· · · · · · · · · · · · · · · · · · ·
0	County Jurisdictional Area
0	East Yellowstone Zoning District
0	Cokedale Zoning District
0	Cooke City, Silver Gate, Colter Pass Zoning District
	OID 7 ' D' ' '

o Cooke City, Silver Gate, Colt o O'Rea Zoning District o Paradise Valley Zoning District o Other _____ Name of Property Owner(s): Phone Number: _____ Mailing Address: Address of project: Legal location of building project: Subdivision _____ Zoning ____; Lot _____; Section ____; Township ____; Range ____ Description of construction, alteration, etc.: Type of Building/Structure: Number of Dwelling Units: Basement: _____ Half: _____ Full: _____ Garage: _____ Attached: _____ Detached: ____ Other: Height of Structure: Distance to Property Lines: Front: _____ Side: ____ Side: _____ Rear: ____ Distance to mean high water of Stream/River (if applicable)_____ Off-Street Parking Spaces: Proposed Completion Date: _____

Will the project be within the Special Flood Hazard Area (SFHA) (Attach Digital Flood Insurance Rate Map including distance from proposed structure to SFHA)? YES NO

Will project be connected to a septic system (If yes, attach septic permit)? YES

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NO

This permit becomes null and void if work or construction authorized is not commenced within six months and work completed within a reasonable time.

I certify that information presented is true and correct. All provisions of laws and

I certify that information presented is true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

(Contractor or Authorized Agent)	(Date)	
(Owner Signature, if Builder)	(Date)	

^{**}Office Use Only**

Special Approvals	Required	Received	Not Required
Floodplain			
Zoning			
Health/Sanitation			
Road			
Rural Addressing			
Other			