WOLF POINT PLANNING DEPARTMENT

ZONING PERMIT APPLICATION

201 4th Avenue South
Wolf Point, MT 59201
(406) 653.1852
wppublicworks@nemont.net

Application # _____ *(staff use only)* Submittal Date _____ *(staff use only)*

APPLICANT

Applicant Name _____ Applicant Address _____

Applicant Phone _____ Applicant Email _____

Property Owner *(if different)* _____ Owner's Email *(or phone #)* _____

PROPERTY *(request assistance from Planning Department if needed)*

Physical Address _____

Lot _____ Block _____ Section _____ Township _____ Range _____

Business Name *(if applicable)* _____ Subdivision Name *(if applicable)* _____

PROPERTY USE *(a narrative description is also required as part of your submittal regardless of type of use)*

Existing Use _____ Existing Zoning District _____

Project Use: Business ☐ Industry ☐ Residential ☐ Other *(specify)* _____

Project Type: New Construction ☐ Remodel ☐ Demolition ☐ Other *(specify)* _____

Number and Type of Accessory Buildings _____

Complete the following section if your project is Residential.

Residential Housing Type: Single-Family ☐ Duplex ☐ Multi-Family ☐ Mobile Home ☐

If Multi-Family, how many units? _____ If Mobile Home, date of construction? _____

Number and Type of Accessory Buildings _____

Type of Sewage Disposal _____ Yard Dimensions: Front _____ _____

Lot Width _____ Lot Depth _____ Lot Area _____ Building Height: Stories _____ _____

SUBMITTALS

☐ Application ☐ Narrative of Proposal *(describe nature of business or details of residential development; also the nature and number of off-street parking spaces)*

☐ Review Fee ☐ Site Plan *(refer to Zoning Ordinance Section 11.02.020.E.2 for requirements)*

APPLICANT AGREEMENT

Application fees are nonrefundable. Incomplete applications will be returned to the applicant. The issuance of an approval does not guarantee compliance with applicable building codes. The undersigned declares the above provided information is true and accurate, and that failure to provide accurate information may result in rejection of this application and/or possible revocation of the permit where wrongfully issued. Your signature below indicates that you understand these requirements and restrictions.

Applicant Signature _____ Date _____