APPLICATION FOR ZONING PERMIT
Town of Bridger, Montana

*** A zoning permit is required for all new construction, additions, relocation of a structure, or erection of fence or permanent sign within Town limits. Reconstruction of a roof or siding may be done without a permit. ***

Name: _____

Mailing Address: _____

Phone Number: _____

Physical Address: _____

Zoning Classification of Property: _____

Description of Project: _____

_____

Provide with application the following documentation:

- A legal and general description of the property lot upon which the construction, addition, relocation of a structure, or erection of fence or permanent sign will take place.
- A map showing the dimensions, acreage and location of the property lot, include setbacks and building dimensions.
- A legal survey may be required if the setbacks are in question.

****If your proposed building project does not meet the requirements in the building district set forth above, you must apply for a variance. A separate variance application is available at the Bridger Town Hall.**

After completing this application, submit the application and accompanying documentation to the Town Clerk at the Bridger Town Hall and pay the application fee. The Clerk will forward the application to the Zoning Administrator for their inspection and review.

The undersigned agrees that the information provided in this application is true and correct. The applicant understands that if any of the information is false, misleading or in error, this may be grounds for denial of the zoning permit.

_____ _____

Signature Date

****** Approval of this Zoning Application will expire one year after approval date. ******

ACTION OF THE ZONING ADMINISTRATOR

Zoning Permit Application was:

■ Approved.

☐ Approved with the following conditions:

_____

_____

_____

_____

☐ More information needed:

_____

_____

_____

_____

☐ Denied. Pursuant to Bridger Ordinance No. 42, the Zoning Administrator's denial of a zoning application may be appealed to the Town Council using the procedure set forth in Chapter 17.04.180.

ZONING ADMINISTRATOR NAME: _____

Kirstin Sweet Digitally signed by Kirstin Sweet
Date: 2018.10.03 14:26:05 -06'00'

Signature _____ Date

****** Approval of this Zoning Application will expire one year after approval date. ******