

ZONING COMPLIANCE PERMIT APPLICATION

2016



Development Services
 435 Ryman Street, Missoula, MT 59802
 (406) 552-6625 Fax: (406) 552-6053

Permit #: _____
Applied Date: _____
Issued Date: _____

<https://ebiz.ci.missoula.mt.us/citizenaccess/>

INSTRUCTIONS - TYPE OR PRINT CLEARLY AND USE BLACK OR BLUE INK - NO PENCIL - The applicant must fill out sections I, II, and III. Your permit will not be processed if you do not fill out the required information. Please read all conditions on this application before signing. The property owner and/or licensed contractor must sign and date the application. If not applicable please write N/A (do not leave blank). When filling out addresses, please include ST, AVE, RD, DR, etc. and zip code. If necessary, provide directions to the site, location of work within the building, and/or attach a map.

SECTION I: PROPERTY INFORMATION	
PROJECT ADDRESS:	
BLDG #: _____	SUITE #: _____
UNIT #: _____	APT #: _____
SUBDIV: _____	
BLOCK: _____	LOT: _____
COS/TRACT: _____	PARCEL #: _____
SECTION: _____	TOWNSHIP: _____
RANGE: _____	GEOCODE: _____
TOTAL AREA (SQUARE FOOTAGE)	
PROPERTY: _____	
PROPOSED STRUCTURE: _____	
EXISTING PRIMARY STRUCTURE: _____	

CURRENT/EXISTING USE

SECTION II: PEOPLE INFORMATION	
PROPERTY OWNER	
NAME: _____	
ADDRESS: _____	
CITY, ST, ZIP: _____	
PHONE: _____	
EMAIL: _____	

PROFESSIONAL - <input type="checkbox"/> SAME AS OWNER	
NAME: _____	
ADDRESS: _____	
TITLE: _____	
PHONE: _____	
EMAIL: _____	

CONTACT PERSON	
NAME: _____	
PHONE: _____	
EMAIL: _____	

SECTION III: PROJECT INFORMATION	
SCOPE OF WORK	
<input type="checkbox"/> - RESIDENTIAL: ACCESSORY STRUCTURE/USE	
<input type="checkbox"/> - RESIDENTIAL: SINGLE FAMILY/DUPLEX <input type="checkbox"/> - TEMPORARY USE	
<input type="checkbox"/> - RESIDENTIAL: MULTIFAMILY <input type="checkbox"/> - COMMERCIAL/INDSTR	
<input type="checkbox"/> - NONCONFORMING USE DETERMINATION: SINGLE FAMILY/DUPLEX	
<input type="checkbox"/> - NONCONFORMING USE DETERMINATION: MLTI-DWELLING/COMMERCIAL	
TYPE OF WORK (CHECK ALL THAT APPLY)	
<input type="checkbox"/> - SITE IMPROVEMENTS/PARKING LOT <input type="checkbox"/> - WIRELESS FACILITY	
<input type="checkbox"/> - DRIVE THROUGH FACILITY <input type="checkbox"/> - MOBILE HOME	
<input type="checkbox"/> - TOWNHOME/CONDOMINIUM DECLARATION	
<input type="checkbox"/> - OTHER <input type="checkbox"/> - NA	

PROJECT DESCRIPTION

CONDITIONS - The proposed work must be done in accordance with approved plans/specifications. Separate permits are required for, but not limited to, electrical, plumbing, mechanical, signs, sewer, water, paving and right-of-way. This permit becomes null and void if work or construction authorized is not commenced within 2 years, or if construction or work is suspended or abandoned for a period of 2 years at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be 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 and that I make this statement under penalty of perjury.

SECTION IV: PLAN REVIEW (FOR OFFICE USE)			
ENGINEERING			
DESCRIP.	COMMENTS	APP	DATE
SEWER			
SWPPP			
RIGHT OF WAY			
PAVING/ADA			
GRADE/DRAIN			
ADDRESSING			
COMMENTS: _____			

PLANNING			
DESCRIP.	COMMENTS	APP	DATE
SUBDIV.			
LANDSCAP.			
FLOODPLAIN			
ZONE:			
MAX HEIGHT			
SETBACKS:	HILLSIDE: Y N	% SLOPE:	
FRONT	BUILDING HEIGHT		
SIDES	WALL HEIGHT		
REAR	ABSOLUTE		
BLDG HGT METHOD:	HILLSIDE		
# OF OFF-STREET PARKING AND BICYCLE PARKING:			
CAR:	BIKE:	REQ	PROPOSED
EXISTING	LONG TERM		
REQUIRED	SHORT TERM		
PROPOSED			
COMMENTS: _____			

OTHER DEPARTMENTS			
HEALTH	COMMENTS	APP	DATE
FIRE	COMMENTS	APP	DATE
PARKS & REC	COMMENTS	APP	DATE

SECTION V: FEES	
ZONING FEE	OTHER FEE(S)
<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK
TOTAL FEES	

SIGNATURE OF PROPERTY OWNER _____ DATE _____

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____

NOTE: A Zoning Compliance Permit (ZCP) pursuant to 20.85.120 is required for any change of use or new use, even projects that do not require a building permit. A ZCP is required for placement of structures or developments that do not require a building permit such as sheds, parking lots, street vendors located on private property, etc. Consult DS for submittal requirements for each project or use.

Most projects are required to submit:

_____ 1 copy of site plan (scale 1"=4', 8', 10' or 20' unless other scale agreed to by DS staff)

_____ 1 copy of building elevations and floor plans (if project involves new construction)

_____ 1 copy of floor plans (if project involves new construction)

_____ Any other information the zoning officer determines necessary

All projects proposed on slopes of 5% are required to submit a site plan showing all existing and proposed development; easements; access; roads; areas of cut and fill; existing and proposed drainage; retaining walls and height; spot elevations for the driveway at the street or property line, at the garage and at the corners of the buildings. Elevations of existing grades are to be shown in one (1) foot intervals at the building foundation line in order to measure the height of the structure.

All projects proposed on average slopes over 15% or greater are required to submit, in addition to the 5% site plan requirements, a topographic map showing existing and proposed contours at a two (2) foot minimum interval, prepared by a qualified professional engineer, architect, or land surveyor. Sea level elevations may be required. See 20.50.010 and consult DS for hillside development requirements.