

**ZONING PERMIT APPLICATION
HILL COUNTY, MONTANA**

Date _____ Permit No. _____

Name of Applicant _____

Address _____ Phone No. _____

Name of Contractor _____ State License No. _____

Location of proposed construction (address) _____

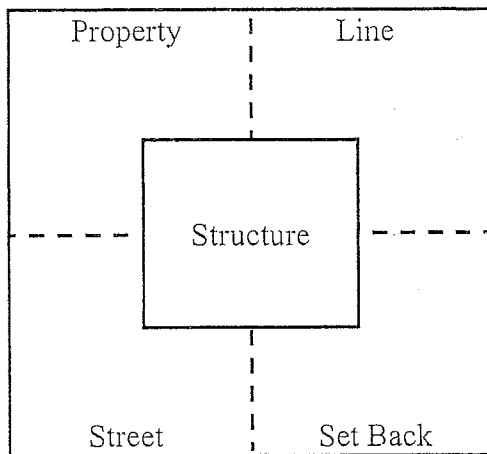
Subdivision _____ Block _____ Lot _____

Proposed use of structure _____

Type of construction: _____ New _____ Alter _____

Zoning District _____ Proposed structure complies with Zoning Regulations: Yes _____ No _____

Zoning change requested: Yes _____ No _____



Lot Area _____

Front yard _____

Rear yard _____

Side yard _____

Side yard _____

Off-street parking _____

Off-street loading _____

Amount of fee required \$ _____

Permit approved: Date _____ Permit denied: Date _____

Reason for denial _____

Signature of Applicant

Signature of Zoning Officer

Appeal to Board of Adjustment: Yes _____ No _____