LAND USE APPLICATION AND PERMIT

CITY OF WHITE SULPHUR SPRINGS

105 W. Hampton St., P.O. Box 442, White Sulphur Springs, MT 59645 Phone: (406) 547-3911 Fax: (406) 547-3945 Email: wss@itstriangle.com

Today's Date:	\$20 Simple Application \$120 Application with variance request \$100 Converting to a variance request		
	\$10 Resu	ubmittal after 180 day	/S
Applicant/Owner Information:			
Applicant/Owner Name:		Phone:	
Address:			
Purpose/Type of Construction:			
Application/Permit:			
This application is made for authority and/or improve any of the existing st	•	. ,	to change
Are there any liens or other claims against the property?		Circle One:	Yes No
Are all surveyed corner pins marked with a visible flag or stake above ground?		Circle One:	Yes No
Customer Acknowledgement:			
I understand that no construction ca	n start without City approval.		
I understand that an incomplete app	lication will void the permit.		
Authorized Signature/Date:			
This permit is good for 180 days.			
On the back of this form, please draconstruction will happen and/or the i	•	ocation on the prope	rty the new
Public Works Supervisor:			
(Initial & Date after each action)			
Date Project Started:	Inspected by:	Date:	
Date Project Completed:	Inspected by:	Date:	
City Clerk:			. — - — - — -
Application Fee:	Received by:	Date:	

LAND USE APPLICATION AND PERMIT

Please draw the location on the property the new construction will happen and/or the improvement will be made. *Building setback distances must be at least 3 feet from the inside of the property line(s). Instructions Write all the street names on the map of your drawing. The drawing does not need to be to scale. It needs to show the location of all existing and proposed structures. It needs to show the location of the proposed structures relative to the property lines. Is this a corner lot? Circle One: Yes No