



Cascade County Location/Conformance Permit Application

Cascade County Planning Department
 121 4th St N, Suite 2H/1
 Great Falls, MT 59401
 Phone: 406-454-6905 | Fax: 406-454-6919

Permit No: _____
App. No.: _____
Applied Date: _____

General Information

A Location/Conformance (L/C) Permit is required: (1) for all changes of land use and commercial activities within Cascade County jurisdiction and (2) prior to the construction of all buildings and structures two-hundred (200) square feet or larger on all lands within Cascade County jurisdiction. L/C Permits are not required for "site preparation," as defined in the Cascade County Zoning Regulations (CCZR). L/C Permits are to be issued for one use and are required for each tract of land. Legally issued L/C Permits shall expire one year after the date of approval if construction or the use permitted has not started. A one-time-only twelve (12) month extension may be granted by the Zoning Administrator upon request. L/C Permit applications require a non-refundable application fee of fifty dollars (\$50.00) unless non-site preparation work started prior to the issuance of an L/C Permit; post-work projects require a non-refundable application fee of two hundred dollars (\$200.00).

Project Information

Project Address								<input type="checkbox"/> Needs an Address <i>(This is an additional \$25 fee)</i>	
Estimated Project Value (\$)									
Property Description	Legal Description	Section		Township		Range		COS No.	
		Subdivision							
		Part, Tract, Block, Lot Descriptors...							
	Parcel No.					Geocode			
Total parcel area					Unit: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet				
Property Owner	Name								
	Address								
	Phone Number								
Applicant <i>(Contractor, Engineer, etc. that is filling out this form)</i>	Name								
	Address								
	Phone Number								
	Email								
	Preferred Method of Contact								
Application Type	<input type="checkbox"/> Change of use <input type="checkbox"/> New build <input type="checkbox"/> Alteration								
	Previous use:								
Use Type	<input type="checkbox"/> Single-family Residential <input type="checkbox"/> Multi-family Residential <input type="checkbox"/> Public/NGO								
	<input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Sign								
	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Registered Premise								
	<input type="checkbox"/> Garage/Shop/Barn <input type="checkbox"/> Home Occupation <input type="checkbox"/> Other: _____								
Structures	Number of existing structures				Total existing structure area (sq. ft.)				
	Number of proposed structures				Total proposed structure area (sq. ft.)				
	Total area of alteration (sq. ft.)								
Water/Waste	Type of sewage disposal					Source of water supply			

Project Description:

Submission Checklist

Location/Conformance Permit Applications shall be submitted to the Cascade County Planning Department for review. The following checklist must be completed and signed by the Applicant before this Application can be reviewed. All supporting permits and forms must be attached.

- A site plan containing the following information:
 - A scale not less than one-inch equals one-hundred feet (1" = 100').
 - Name and address of the Applicant.
 - Legal description and boundary lines of property being considered for review.
 - Existing and proposed land use upon the site.
 - Names of owners and existing land use on adjacent property.
 - Location, size, dimensions and uses of existing and proposed buildings and improvements.
 - Location and description of existing and proposed utilities.
 - Location and dimensions of curb cuts and access points.
 - Location, size, dimensions, and number of off-street parking spaces, including on-site vehicular driveways and type of surface improvements.
 - Location and type of existing and proposed landscaping or buffering.
 - Location, type, and height of existing and proposed fencing and screening.
 - Location, type, and height of sight-obscuring improvement surrounding areas of storage for raw materials, finished products, machinery, and equipment.
- Floodplain Permit (attached). This is required if the project is in a regulated floodplain.
- Approach Permit (attached). This is required if the proposed approach is from a county or state road.
- Subsurface Wastewater Treatment System Permit (attached). This is required for projects installing a septic system, re-utilizing a pre-existing septic system, or increasing the capacity of a pre-existing septic system on the subject property.
- General Permit for Small Municipal Separate Storm Sewer Systems (MS4) Permits (attached). This is required for projects that will disturb an acre or more of land.

Attestation Statement and Signature

I hereby certify that the information given herein is true and correct to the best of my knowledge. There are no restrictions placed upon my property which would prohibit the issuance of this permit. If there are any restrictions, then this permit shall become null and void. I hereby grant permission to any Cascade County Zoning Official to enter my property to inspect for compliance with the County Zoning Regulations in relation to this application.

Signature of Applicant: _____ **Date:** _____

Signature of Property Owner: _____ **Date:** _____

OFFICE USE ONLY

Fee(s): Pre-work (\$50.00) Post-work (\$200.00) Addressing (\$25.00)
Payment Type: Check No.: _____ Cash
Date Application Received: _____ **Application Number:** _____
Reasonable Accommodations Requested & Provided: Yes
Date Application Approved: _____ **Approved by (staff):** _____
Approved Permit Number: _____ **Associated SUP Number:** _____

REVIEW ITEMS

Zoning District: _____
Restrictions/Covenants: Yes No N/A Type: _____
Physical/Legal Access: Yes No
Setback Requirements (ft): Front: _____ Rear: _____ Side: _____
Parking Requirements: Yes No N/A
 Existing: _____ Required: _____ Proposed: _____
Landscaping Requirements: Yes No N/A
 Frontage Option: _____ Buffer Option: _____
 Administrative Relief Requested: Yes No
 Administrative Relief Granted: Yes No
Height Requirements: Yes No N/A
 Airport Zone: _____ Military Overlay District: _____
Floodplain: Yes No N/A
 Permit Attached: _____ Yes No
Variance Request: Yes No N/A
 Variance Approval Attached: _____ Yes No
Approach Permit: Yes No N/A
 Approach Permit Attached: _____ Yes No
City-County Health Department Approval: Yes No
 Permit Attached: _____ Yes No
MS4: Yes No N/A
Addressing Approval: Yes No N/A
 Addressing Approval Attached: _____ Yes No

DATA COLLECTION

Permit Category:	<input type="checkbox"/> Residential	<input type="checkbox"/> Public/NGO	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
Permit Type:	<input type="checkbox"/> Dwelling Unit(s)	<input type="checkbox"/> Administrative, Waste Management and Remediation Services	<input type="checkbox"/> Agriculture, Forestry, Hunting or Fishing	
	<input type="checkbox"/> Utilities	<input type="checkbox"/> Transportation and Warehousing	<input type="checkbox"/> Arts, Entertainment, Recreation	
	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining, Quarrying, O & G	<input type="checkbox"/> Accommodation and Food Services	
	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Educational Services	
	<input type="checkbox"/> Information	<input type="checkbox"/> Real Estate and Rental/Leasing	<input type="checkbox"/> Wholesale Trade	
	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Prof., Scientific, Tech. Services		
	<input type="checkbox"/> Public Admin.	<input type="checkbox"/> Health Care and Social Assistance		
	<input type="checkbox"/> Other Services	<input type="checkbox"/> Signs		
	<input type="checkbox"/> Other Structures			