



Cascade County Location/Conformance Permit Application

Cascade County Planning & GIS Department
 121 4th St N, Suite 2H/I
 Great Falls, MT 59401
 Phone: 406-454-6905 | Fax: 406-454-6919 | www.cascadecountymt.gov

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

GENERAL INFORMATION:

A Location/Conformance (L/C) Permit is required for all proposed buildings, structures, signs, land uses, and changes in land uses. L/C Permits are **not** required for non-commercial project proposals where the proposed structure or building is 200 square feet or less. L/C Permits are **not** required for "site preparation" as defined in the Cascade County Zoning Regulations (CCZR). A separate L/C Permit is required for each tract of land and for each distinct use in a project proposal.

Applications that have been submitted and deemed incomplete, been withdrawn by the Applicant, or otherwise placed on hold by the Applicant shall expire after three (3) months from the date of receipt. After an Application has expired a new Application must be obtained and submitted. Furthermore, 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 seventy-five dollars (\$75.00). If a L/C Permit Application is applied for after the fact or construction/use starts before a permit is issued, then a non-refundable Application fee of three hundred dollars (\$300.00) is required.

PROJECT INFORMATION:

Project Address							<input type="checkbox"/> Needs an Address (This is an additional \$25 fee)		
Estimated Project Value (\$)									
PROPERTY DESCRIPTION	Legal Description	Section		Township		Range		COS/Plat No.	
		Part, Tract, Block, Lot Descriptors...							
		Subdivision							
	Parcel No.				Geocode				
Total Parcel Area					Unit:	<input type="checkbox"/> Acres	<input type="checkbox"/> Square Feet		
APPLICANT <i>(Property Owner, Contractor, Business Representative, Engineer, etc. that is filling out this form)</i>	Name								
	Address								
	Phone No.								
	Email								
	Preferred Method of Contact								
PROPERTY OWNER <i>(If different from the Applicant)</i>	Name								
	Address								
	Phone No.								
APPLICATION TYPE	<input type="checkbox"/> New use			<input type="checkbox"/> New building/structure/foundation			<input type="checkbox"/> Sign		
	<input type="checkbox"/> Change of use			<input type="checkbox"/> Change to building/structure/foundation					
USE TYPE	<input type="checkbox"/> Single-Family Residence			<input type="checkbox"/> Accesory Building/Structure			<input type="checkbox"/> Industrial		
	<input type="checkbox"/> Duplex/2 nd Dwelling			<input type="checkbox"/> Storage Facility			<input type="checkbox"/> Commercial		
	<input type="checkbox"/> Multi-Family Dwelling			<input type="checkbox"/> Marijuana Business			<input type="checkbox"/> Agricultural		
	<input type="checkbox"/> Tourist Home/B&B			<input type="checkbox"/> Natural Resource Extraction			<input type="checkbox"/> Other: _____		
STRUCTURES	Total Existing Structure Area (sq. ft.)				Number of Existing Structures				
	Total Proposed Structure Area (sq. ft.)				Number of Proposed Structures				
	Total Area of Alteration (sq. ft.)								
WATER/WASTE	Type of Wastewater Disposal						Will the proposed project be using water/wastewater? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Water Supply Source								
AG COVENANT	Are there any agricultural covenants on this property?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
FLOODPLAIN	Is any portion of the property in the Regulated Flood Hazard Area?						<input type="checkbox"/> Yes <input type="checkbox"/> No		

PROJECT DESCRIPTION:

(Please explain what you plan to do)

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 the 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 the 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.
- A copy of the Subsurface Wastewater Treatment System Permit Application (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.
- A copy of the General Permit for Small Municipal Separate Storm Sewer Systems (MS4) Permit Application (attached). This is **required for** projects that will disturb an acre or more of land.
- A copy of the Floodplain Permit Application (attached). This is **required if** the project is in a regulated floodplain.
- A copy of the Approach Permit Application (attached). This is **required if** the proposed approach is from a county or state road.

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 PAGE

DO NOT FILL OUT THIS PAGE UNLESS YOU ARE AN AUTHORIZED CASCADE COUNTY GOVERNMENT EMPLOYEE

REGISTRY DATA

Applicant's Fee(s):	<input type="checkbox"/> \$75.00	<input type="checkbox"/> After the Fact \$300.00	<input type="checkbox"/> Addressing \$25.00
Payment Type:	<input type="checkbox"/> Check No.: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Electronic Payment
Date Application Received: _____	Application Number: _____		
Date Application Approved: _____	Approved by (Staff): _____		
Approved Permit Number: _____	Assoc. SUP, HOP, and/or L/C Permit No.: _____		

REVIEW ITEMS

Zoning District: _____	Permit Call Out: _____			CCZR Section(s): _____		
Permit Category:	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Public		
Restrictions/Covenants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Type: _____		
Physical/Legal Access:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Setback Requirements (ft):	Front: _____ ft.	Rear: _____ ft.	Side: _____ ft.	Other: _____ ft.		
Parking Requirements:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Existing: _____	Required: _____	Proposed: _____			
Landscaping Requirements:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Frontage Option: _____		Buffer Option: _____			
	Administrative Relief Requested:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Administrative Relief Granted:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Height Requirements:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Airport Zone: _____		Military Overlay District: _____			
Floodplain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Permit Attached: # _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Variance Request:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Variance Approval Attached: # _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Approach Permit:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Approach Permit Attached: # _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
City-County Health Department Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Permit Attached: # _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
MS4:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Addressing Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
	Addressing Approval Attached: # _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Notes: