



Cascade County Zoning Board of Adjustment

Application for Variance/Appeal

Cascade County Public Works Department
Planning Division
121 4th St No, STE 2H/I, Great Falls MT 59401
Phone: 406-454-6905 Fax: 406-454-6919

\$250.00 Non Refundable Application Fee **Payment:** Check (#) _____ Cash _____

OFFICE USE ONLY

Variance: _____ Appeal: _____ Date Application Received: _____
Date of Zoning Board Decision: _____ Zoning Board Decision: _____

Applicant/Agent: _____ **Mailing Address:** _____

Home Phone: _____ Work Phone: _____ **Cell Phone:** _____

Owner(s) if different from applicant: _____ **Mailing Address:** _____

Home Phone: _____ Work Phone: _____ **Cell Phone:** _____

Property Address: _____ Sec _____ T _____ R _____

Lot(s) _____ Blk _____ **Geo Code:** _____ **Parcel #** _____

Please take notice that the undersigned was denied a permit and seeks a variance or an appeal of the Zoning Administrator's decision related to the following activity: _____

FOR VARIANCE REQUEST ONLY (may attach documentation)

Indicate below or attach separate pages showing how your application meets the legal criteria for a variance. (A variance is authorized only for height, area, and size of structure, size of yards and open spaces, signage, landscaping, or as otherwise specifically provided for in the Cascade County Zoning Regulations. Establishment or expansion of a use otherwise prohibited shall not be allowed by variance, nor shall a variance be granted because of the presence of non-conformities in the zoning district or adjoining zoning districts.)

1) Explain how this variance request from the Cascade County Zoning Regulations will not be contrary to the public interest.

2) Describe where, owing to conditions peculiar to the property and not the result of the actions of the applicant, a literal enforcement of the regulations would result in unnecessary and undue hardship.

3) The spirit of this Section would be observed and substantial justice done by granting this variance.

FOR APPEAL REQUEST ONLY (may attach documentation)

Describe the alleged error in any order, requirement, decision, or determination made by the Zoning Administrator in the enforcement of these regulations.

Owner/Applicant's Signature: _____ **Date:** _____