



# Cascade County Home Occupation Permit Application

Cascade County Planning Department  
121 4th St No, STE 2H/I, Great Falls MT 59401  
Phone: 406-454-6905 | Fax: 406-454-6919  
Email: [planningcomments@cascadecountymt.gov](mailto:planningcomments@cascadecountymt.gov) | [www.cascadecountymt.gov](http://www.cascadecountymt.gov)

**Site Plan Requirements  
Are on The Back**

**\$50.00 Non-Refundable Application Fee**

**Payment:**  Check (#) \_\_\_\_\_  Cash  Electronic Payment

<b>OFFICE USE ONLY</b>	
Date Application Received: _____	Floodplain Permit (Attached): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____
Application No.: _____	Variance Approval (Attached): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____
Approved Permit No.: _____	County Approach Permit (Attached): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____
Date of Final Approval: _____	Health Dept. Approval (Attached): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____
Approved by (Staff): _____	Addressing Approval (Attached): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____

**Applicant/Agent:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**Property Owner** (If different from the Applicant/Agent): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**Property Address:** \_\_\_\_\_ Sec \_\_\_\_\_, T \_\_\_\_\_, N \_\_\_\_\_, R \_\_\_\_\_

Lot(s): \_\_\_\_\_ Blk: \_\_\_\_\_ Geo Code: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Home Occupation Requested: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

## INSTRUCTIONS:

The Permit Application Form shall be submitted to the Cascade County Planning Office for review. The applicant shall obtain all required permits/forms:

- If your property is in a regulated floodplain, a Floodplain Permit must be obtained first from the Planning Office.
- If an approach to the property is from a county road, an Approach Permit is needed from the County Road Division.
- If your property needs an address assigned to it, you must obtain one from the GIS Division of Cascade County's Public Works Department.
- If the project involves septic tank approval, permits are available from the City/County Health Department (<http://www.cchdmt.org/environmental-health/>).
- All projects that disturb an acre or more are required to have a "General Permit for Storm Water Discharges Associated with Construction Activity" from the MT Department of Environmental Quality (<http://www.deq.mt.gov/wqinfo/mpdes/stormwaterconstruction.mcp>).

**SITE PLAN REQUIREMENTS: (PERMITS WILL NOT BE ISSUED WITHOUT AN ACCURATE SITE PLAN)**

Provide a complete site plan at a suitable scale (1" = 40', 1" = 100', etc) which includes the following, as applicable:

Required	Obtained	
<input type="checkbox"/>	<input type="checkbox"/>	1. The location of existing structures, boundaries, drainfields and utilities; include size, dimensions and current uses
<input type="checkbox"/>	<input type="checkbox"/>	2. Location of proposed structures, alterations, curb cuts, access points and utilities and the size, dimensions and uses thereof
<input type="checkbox"/>	<input type="checkbox"/>	3. Existing land use(s) on adjacent property
<input type="checkbox"/>	<input type="checkbox"/>	4. Disturbing one (1) acre or more; if yes, attach DEQ "General Permit for Storm Water Discharges Associated with Construction Activity".
<input type="checkbox"/>	<input type="checkbox"/>	5. Location, size, dimensions and number of off-street parking spaces, including on-site vehicular driveways and type of surface improvements (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	6. Location and type of existing and proposed landscaping or buffering (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	7. Location, type and height of existing and proposed fencing and/or screening (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	8. Location, type and height of sight-obscuring improvement surrounding areas of storage for raw materials, finished products, machinery and equipment (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	9. Industrial Affidavit (if applicable)

**ATTEST:** 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: \_\_\_\_\_



# Cascade County Use Statement Form

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

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

The Use Statement Form is required for all Special Use Permit applications and is designed to provide pertinent information about the proposed use. It is important that the use statement provides a complete understanding of your proposal. The use statement that you submit must address all the following items that apply to your proposal. Your use statement must be written in on this form or written in a legible manner on a separate sheet of paper and submitted with your Special Use Permit application in print or by email. If your responses are written on a separate sheet of paper, indicate the number of each response corresponding with the item numbers listed below. Where a definite answer cannot be provided for any of the items below, provide an estimate and indicate any uncertainty. Begin by indicating all relevant uses of the proposal below and proceed to address each item. The form will not be considered complete without a signed and dated submission by the landowner and/or applicant.

**Use type (check all that apply):**  Residential  Commercial  Industrial

If the proposed use is residential only then only questions 1-6 are required. For uses that are commercial and/or industrial all questions must be addressed. If the item does not pertain to the proposed use, then indicate that the item does not apply.

**1. Nature of the use - what do you propose to do and how do you plan to do it? Describe in detail.**

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**2. Access to the site:**

Public Road  Private Road Surface:  Paved  Gravel  Dirt

Indicate the planned access points in the site plan. If a new approach will be required, contact either Montana Department of Transportation or County Road and Bridge Division.

**3. Describe any planned advertising or signage. Include the size, appearance, and placement.**

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**4. Will existing buildings be used, or will new buildings be constructed (or both)? Indicate new and old buildings or structures on the required site plan.**

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5. Will any landscaping or fencing be developed? If so, describe the type of landscaping and/or fencing elements planned. Use reference to the site plan for clarity.

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6. Does the proposed use require any other local, state, or federal permits or licensing? If so, indicate the permits and/or licenses and when they will be acquired. If the permit and/or license has already been acquired, provide the permit and/or license number.

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**If the proposed use is residential only, you may stop here and sign at the end of the form.**

7. Operational time limits:

Months (if seasonal): from \_\_\_\_\_ to \_\_\_\_\_

Days per week: \_\_\_\_\_

Hours (HH:MM AM/PM): from \_\_\_\_\_ to \_\_\_\_\_

Total hours per day: \_\_\_\_\_

Special activities: \_\_\_\_\_

Frequency: \_\_\_\_\_

Hours: from \_\_\_\_\_ to \_\_\_\_\_

Are these indoors or outdoors? \_\_\_\_\_

8. Expected number of customers or visitors:

Average per day: \_\_\_\_\_

Maximum per day: \_\_\_\_\_

Hours (when they will be there)(HH:MM AM/PM): from \_\_\_\_\_ to \_\_\_\_\_

9. Number of employees:

Current: \_\_\_\_\_

Future: \_\_\_\_\_

Hours they work (HH:MM AM/PM): from \_\_\_\_\_ to \_\_\_\_\_

Do any live on-site as a caretaker? \_\_\_\_\_

10. Service and delivery vehicles:

Number: \_\_\_\_\_

Type: \_\_\_\_\_

Frequency: \_\_\_\_\_

**11. Number of parking spaces for employees, customers, and service/delivery vehicles:**

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**12. Are any goods to be sold on-site? If so, are these goods grown or produced on-site or at some other location? Explain.**

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**13. What equipment is used? If available, provide pictures or a brochure.**

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**14. What supplies or materials are used and how are they stored?**

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**15. Does the use produce any of the following by-products which may be considered a nuisance?**

- Noise       Glare       Dust       Odor       Smoke

Other \_\_\_\_\_

If so, explain how this will be reduced or eliminated?

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**16. Does the proposed use involve livestock animals? If so, provide the types of livestock and the approximate number of each type of animal involved.**

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17. Will any solid or liquid wastes be produced (other than septic system waste)? If so, list (for each) : (1) the type(s) of waste; (2) the estimated volume of waste; (3) how and where it will be stored; (4) how it will be hauled; (5) where it will be disposed at and how often.

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18. Estimated volume of water to be used (gallons per day) and the source of water:

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19. Explain which buildings or what portion of buildings will be used in the operation. Use reference to the indicated structures or buildings in the site plan for clarity.

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20. Will any buildings or portions of buildings be rented or leased?  Yes  No

21. Will any outdoor lighting or an outdoor sound amplification system be used? If so, describe how and when they will be used.

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22. Is there any other information that will provide a clear understanding of the project or operation?

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**ATTEST:** I hereby certify that the information given herein is true and correct to the best of my knowledge and acknowledge that the information provided herein may be binding upon issuance of an approved Special Use Permit with conditions.

Printed Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_