



Cascade County Location/Conformance Permit Application

Cascade County Planning 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: (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 (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"/> 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	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?		
	Water Supply Source						<input type="checkbox"/> Yes <input type="checkbox"/> No		
AG COVENANT	Are there any agricultural covenants on this property?						<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"/> Pre-work (\$50.00)	<input type="checkbox"/> Post-work (\$200.00)	<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: _____	
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
	<input type="checkbox"/> Airport Zone: _____ <input type="checkbox"/> 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

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			