



Cascade County Determination Request Form

Cascade County Planning Department
 121 4th St N, Suite 2H-21
 Great Falls, MT 59401
 Phone: 406-454-6905 | Fax: 406-454-6919
 Email: planningcomments@casadecountymt.gov

Request No.: _____
Assoc. Permit: _____
Request Date: _____

This form is for requesting a determination. Please provide all relevant information about the subject property, the property owner, and the applicant as it pertains to the request. Please indicate the specific regulations/ordinances (if any) of your inquiry and provide a thorough description of the request in the space provided.

Subject Property	Township		Range		Section		COS No.	
	Subdivision <i>(if applicable)</i>							
	Parcel No.				Geocode			
	Total parcel area				Unit:	<input type="checkbox"/> Acres	<input type="checkbox"/> Square Feet	
	Address							
	Zoning District							
Property Owner	Name							
	Address							
	Phone Number				Email			
Applicant <small><i>(Contractor, Engineer, etc. who is filling out this request form)</i></small>	Name							
	Address							
	Phone Number				Email			

Specific Regulations/Ordinance (if any):

- Zoning
 Floodplain
 Subdivision
 Building for Lease or Rent
 Ordinance/Other: _____

Request:

Attestation Statement and Signature:

I hereby certify that the information given herein is true and correct.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____