



Revenue Code: FP = 2253.323010  
HP = 2254.323010  
Other = 2250.341070

File No. \_\_\_\_\_  
to be filled out by County

## **ZONING COMPLIANCE PERMIT APPLICATION**

Dawson County Planning Department  
207 W. Bell Street  
Glendive, MT 59330

Date Received: \_\_\_\_\_  
to be filled out by County

APPLICANT/OWNER(S) [PLEASE PRINT]

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Zoning District

\_\_\_\_\_ Highland Park      \_\_\_\_\_ Forest Park

Other (please indicate zoning designation) \_\_\_\_\_

### Location of Structure

Street Address: \_\_\_\_\_  
\_\_\_\_\_

### DESCRIPTION OF PROJECT:

\_\_\_\_\_  
\_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

Cost of construction: \$ \_\_\_\_\_

### ATTACHED DRAWING:

Please provide architectural/scaled drawings (for residential or commercial buildings or additions) or a rough sketch (for carports, garages, or accessory buildings)

For residential or commercial buildings or additions show:

1. The shape and dimensions of the lot
2. The position of the building on the lot and dimensions of the building or addition
3. The location of utility lines: water/sewer/telephone/cable/gas/electric
4. Proposed access locations
5. North arrow and scale
6. Indication of bordering uses
7. Elevations indicating height of structure or addition.

For detached garages show:

1. The shape and dimensions of the back yard
2. The position of the garage on the lot and dimensions
3. Proposed access location
4. North arrow
5. The location of existing utility lines and relocation if required for the project



For accessory buildings show:

1. The position of the accessory building in relationship to the side and back lot line
2. North arrow

This signature attests that the information provided is correct and provides an accurate description of the proposed project.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This certifies that this statement and plans have been examined, and have been found to be in accordance with the provision of the zoning regulations, relating to buildings and is/is not approved and entered into the records this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Zoning Compliance Officer, date

A site visit took place to confirm placement of buildings or compliance to other zoning requirements.

\_\_\_\_\_ Yes    \_\_\_\_\_ No    Date/s \_\_\_\_\_

Notes if any: