

**Gallatin County Road and Bridge Department**  
**Application for an Access Permit**

**Instructions**

Pursuant to Title 7, Chapter 14, Montana Code Annotated, and the *Gallatin County Transportation Design and Construction Standards*, any person or agency desiring to place a driveway, road approach, or other structure in a County Road Right-of-Way must first obtain an access permit from the Road and Bridge Department.

Depending on a project's risks and complexities, the Road and Bridge Department may require the applicant and its contractor (if any) to comply with certain insurance requirements, as well as to obtain a performance guarantee and issue a warranty consistent with Section 2.3 of the *Gallatin County Transportation Design and Construction Standards*. These requirements will be identified in the terms of the permit to be agreed upon by the applicant and Gallatin County Road and Bridge Department.

An application fee of \$125 is required. No permits will be processed until the application fee is paid.

Access permits are issued with an expiration date. All construction work must be complete prior to the expiration date unless otherwise stated on the Access Permit. Upon written request, an extension may be granted by the Gallatin County Road and Bridge Department.

**The Gallatin County Road and Bridge Department will consider only complete and signed applications. Incomplete applications will be returned.**

**This application is not a permit. No construction or work may start until a Gallatin County Access Permit has been issued and signed by a Gallatin County Road and Bridge Department representative.**

Return completed application, \$125 fee, and required documents to:

**Gallatin County Road and Bridge Department**  
**205 Baxter Lane West**  
**Bozeman, MT 59718**  
**Phone 406-582-3250**  
**Fax: 406-582-3255**

# Application

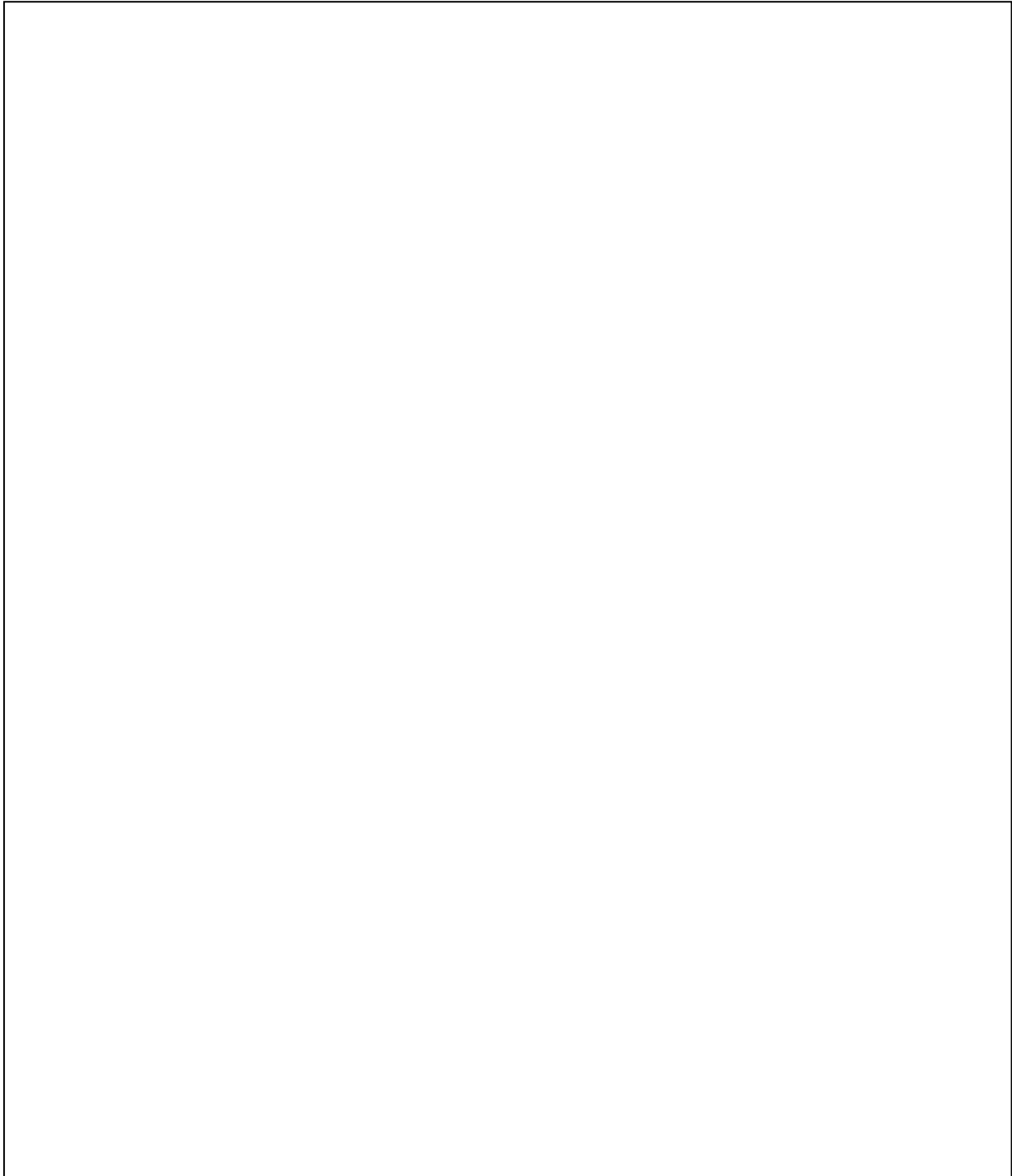
County Road(s) to be accessed: \_\_\_\_\_

**Driveway/Approach/Structure:**

- The main use of the driveway/approach/structure will be (mark one):  
 Residential (single unit)  Commercial  Agricultural  Road
- Property Address: \_\_\_\_\_
- Legal Description (include Subdivision Name/Number or COS Number and Tract/Lot Number):  
\_\_\_\_\_
- GEO Code (available on your tax record) \_\_\_\_\_
- Is the property in a Zoning District? \_\_\_\_\_ (include a completed Property Information Request Form from the Planning Department).  
Name of the Zoning District: \_\_\_\_\_
- Driveway/Approach/Structure location description (*i.e. west side of X Rd approx. 300 feet south of Y Rd*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Is this approach pre-existing? \_\_\_\_\_ If yes, explain the purpose of your application and provide the previous permit number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are there any other driveways or approaches to the property? \_\_\_\_\_ If yes, provide a written statement explaining the purpose of your request for a second access.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Date proposed location will be flagged or marked for an initial assessment: \_\_\_\_\_
- Desired installation schedule: \_\_\_\_\_

Provide a sketch of the proposed project with property boundaries and address, road names, drainage and topographic features, etc. affecting the proposed location. Applicant may attach a drawing or provide it in the box below.



**Documents Required:**

- ✓ If in a Zoning District, include the completed Property Information Request Form from the Planning Department
- ✓ Payment for the application fee of \$125.00, checks payable to Gallatin County.

**Property Owner (Permittee) Information:**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address including City State and Zip Code: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Contractor performing the work (if any):**

- Name: \_\_\_\_\_ Project Manager: \_\_\_\_\_
- Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_
- Mailing address including City, State and Zip Code \_\_\_\_\_

\_\_\_\_\_

**Primary Contact Person, Phone Number, and Email for Contact:**

\_\_\_\_\_

Office Use Only:		
Date Received: _____	Date submitted for processing: _____	
Date Issued: _____	Mailed to: _____	
Fee Paid _____	Check Number: _____	Paid By: _____