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## **PROPERTY INFORMATION REQUEST FORM**

PLEASE NOTE THAT THE GIS DEPARTMENT AND GALLATIN CITY COUNTY HEALTH DEPARTMENT MAY REQUIRE A COMPLETED COPY OF THIS FORM PRIOR TO ISSUING AN ADDRESS, LICENSE OR PERMIT. PLEASE DISCUSS YOUR PROPOSED PROJECT WITH THE HEALTH DEPARTMENT (582-3120), COUNTY ROAD & BRIDGE DEPARTMENT (582-3250) AND STATE BUILDING CODES BUREAU (841-2069) TO LEARN ABOUT OTHER APPROVALS THAT MAY BE NECESSARY FOR YOUR PROJECT.

| Requester Name  | Phone                      | Email             |                  |  |  |
|---|----------------------------|-------------------|------------------|--|--|
| Address   |                            |                   |                  |  |  |
| Landowner Name  |                            |                   |                  |  |  |
| Address (if existing) / Road Name Site  | G                          |                   |                  |  |  |
| Subdivision/COS#  |                            |                   |                  |  |  |
| Legal Description1/4 Section  | Township                   | Rar               | nge              |  |  |
| Description of Existing Buildings on Property   |                            |                   |                  |  |  |
| Number of Structures / units / buildings proposed   |                            |                   |                  |  |  |
|   | amily Commercial           |                   | lixed Use        |  |  |
| Tourist License (Vacation Rental) Septic Rep  | lacement Only Ad           | Idress Only       | Rental Units     |  |  |
| Other (please describe)   |                            |                   |                  |  |  |
| Project will need: Address Septic Permit  |                            |                   |                  |  |  |
| BY SIGNING BELOW, THE ABOVE NAMED LANDOWNER OR REQUESTER HEREBY ACKNOWLEDGES THAT COMPLIANCE WITH APPLICABLE COUNTY REGULATIONS, INCLUDING BUT NOT LIMITED TO OBTAINING ANY NECESSARY PERMITS/APPROVALS PRIOR TO COMMENCING THE ACTIVITY FOR WHICH THE PERMIT/APPROVAL IS REQUIRED, IS MANDATORY AND THE RESPONSIBILITY OF THE LANDOWNER. |                            |                   |                  |  |  |
| Landowner or Requester Signature  |                            | Date              |                  |  |  |
| Printed Name  |                            |                   |                  |  |  |
| THIS SECTION TO BE COMPLETED BY PLANNING DEPARTMENT E   | ASED ON REGULATIONS IN     | EFFECT ON DATE FO | ORM IS COMPLETED |  |  |
|   |                            |                   |                  |  |  |
| _   | ections A. & C.            |                   |                  |  |  |
| Prior to construction, the Landowner is required to contact the jurisdiction below to determine whether the project is subject to review under Zoning, Subdivision & Platting Act or Building by Lease or Rent regulations:   |                            |                   |                  |  |  |
| City of Belgrade (388-3783) Town of Ma  | nhattan (284-3235)         | Three Forks (28   | 35-3431)         |  |  |
| B. Zoning   |                            |                   |                  |  |  |
| Property is located in a County zoning district and su  | bject to zoning regulation | าร                |                  |  |  |
| If "YES", name of zoning district / subdistrict:  |                            |                   |                  |  |  |
| Zoning-related permits/approvals are required prior to commencing construction of project   |                            |                   |                  |  |  |
| Subdivision & Platting Act  |                            |                   |                  |  |  |
| The above project appears to require review under the   | ne Subdivision Regulatio   | ns                |                  |  |  |
| Building by Lease or Rent   | 0                          |                   |                  |  |  |
| The above project appears to require review under the   | ne Building by Lease or F  | Rent Regulations  | YES NO           |  |  |
| C. Floodplain   |                            |                   |                  |  |  |
| At least a portion of the above property appears to<br>mapped by FEMA and is subject to the Floodplain Re<br>a Floodplain Information Request Form to obtain mo   | gulations. Landowner is    | -                 | YES NO           |  |  |
| Other Comments:   |                            |                   |                  |  |  |
|   |                            |                   |                  |  |  |
| Planning Department Signature Date  |                            |                   |                  |  |  |
| Printed Name  |                            |                   |                  |  |  |