Planning and Community Services Department

316 N 26th St - 5th Floor
Billings, MT 59101
Phone: (406) 657-8247

Current Fee: Please call (406)657-8247 for current fees.

Required: ___11" x 17" site plan ___11" X 17"elevation

(applicant initial accompanying

Permit #_____

Application Information

Applicant Name: _____Phone: _____

Applicant Address:_____Email:_____
(Mailing address: please include City, State, Zip)

Property Owner Name:_____Phone_____

Property Owner Address: _____
(Mailing address: please include City, State, Zip)

Property Information

Property Address: _____

Section, Township, Range:_____Z**o**ning District: _____

Lot size:_____sq.ft. Lot area covered by structure(s):_____sq.ft.
_____%

Subdivision/COS:_____Block:_____Lot: _____

Building Information

Type and use of proposed structure(s): _____

Building separation in feet (for multiple buildings on one lot):_____

Is structure manufactured off-site? Yes / No --- If yes, **was it built to Federal Department of Housing and Urban and Development (HUD) or International Building Code (IBC) standards? Yes / No**

If the structure was manufactured off-site and built to IBC standards, please provide the Factory Built Building (FBB) number #_____

Number of dwelling units: _____

Total Square feet (including garages and unfinished spaces): _____

Building Height (calculated according to zoning regulation definition): _____

(Commercial Only) Landscaping Coverage:_____sq.ft.

(Commercial Only) Number of Off-Street Parking Spaces: _____

Description of other existing structures on the property: _____

AGREEMENT

The undersigned hereby certifies that the information submitted in this application is true and correct; and that the proposed work shall be done in accordance with the plans and specifications submitted in this application, and in compliance with the requirements of the applicable zoning regulations.

Applicant's signature_____**Date**_____

FOR OFFICE USE ONLY

CC/Cash/Check #_____Amount:_____Rect. #:_____

Date Received:_____Date Completed: _____

Approved:____Denied:_____

Comments:

_____
_____
_____
_____
_____

Approved by:_____Title:_____Date:_____

Signature