

CITY OF ROUNDUP APPLICATION FOR CONDITIONAL USE PERMIT

The undersigned hereby make(s) application to the City of Roundup for a Conditional Use Permit pursuant to Chapter 28.14 of the Municipal Code:

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

Telephone: _____

LEGAL DESCRIPTION OF PROPERTY

Lots _____, Block _____, of the _____

OR

(Platted area)

COS _____, _____ quarter, Section _____, T. _____, R. _____ E.

Street Address: _____

DESCRIPTION OF PROPOSED STRUCTURE AND USE

Type of structure to be constructed or moved on and proposed site modifications:

Manufactured Home Number: _____ (red ID tag)

Modular Home Number _____ (brown ID tag)

Attach site plan showing exact dimensions and shape of the lot to be built upon, the exact sizes and locations of the lot of existing buildings, and the exact location and dimensions of the proposed buildings or alterations.

How will structure be used? _____

How will the use affect the public health, safety and general welfare of the community?

How will use affect nearby properties or their occupants? _____

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Name and address of persons or firm who will do the proposed work: _____

When will the proposed work begin? _____ End? _____

The owner(s) and contractor named in the preceding paragraph do hereby each certify and represent that he or they have read Title 28 of the Roundup Municipal Code, understand the contents thereof and that the proposed building or other structure will be constructed or the proposed work will be done and use thereof will be in conformity with the requirements and provisions of Title 28 and the laws of the State of Montana. Additionally, the owner(s) and contractor agree to abide by and conform to the terms of any permit issued and agree that failure to conform to the laws, regulations and permit may result in removal, at the owners' expense, the non-conforming structure, among other lawful remedies.

Dated this _____ day of _____, 20_____

Owner: _____ Contractor _____

\$_____ Fee Required Upon Submittal of Application

Please return permit to: Roundup City Office
P. O. Box 660
Roundup, MT 59072
(406) 323-2804

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FOR PLANNING OFFICE USE

Date received: _____ Planning Board Hearing Date: _____

Planning Board Decision: _____

City Council Decision: _____

Filed with City Clerk on: _____
