



# Planning & Community Services Department

"Serving Billings, Broadview and Yellowstone County"



316 N 26<sup>th</sup> Street  
5<sup>th</sup> Floor  
Billings, Montana 59101  
Phone: (406) 657-8247

## REQUEST FOR ZONING CLARIFICATION

**Requirements:** Electronic copies of a site plan and this signed application, in .pdf, .jpg or .tiff formats should be uploaded through the CityView Portal: <https://cityview.billingsmt.gov/Portal/>. 1) Register for an Account 2) Apply for a Planning Permit 3) Select ZONING CLARIFICATION for the project type. 4) Complete Application then PAY FEES.  
Call (406) 657-8247 if you have any questions.

APPLICANT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

APPLICANT MAILING ADDRESS: \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

LEGAL DESCRIPTION, ADDRESS OF PROPERTY AND/OR PROPERTY TAX ID#:

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

SIZE OF PROPERTY (IN ACRES OR SQUARE FEET): \_\_\_\_\_

SPECIFIC INFORMATION REQUESTING: \_\_\_\_\_

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

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### FOR OFFICE USE ONLY

PROJECT NUMBER: \_\_\_\_\_ CONDO/TOWNHOME CERT: \_\_\_\_\_ ZONING: \_\_\_\_\_

RESPONSE TO SPECIFIC INFORMATION REQUESTED: \_\_\_\_\_

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

PAYMENT INFORMATION: CC, CASH, CHECK #: \_\_\_\_\_ RECT. #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_