

Town of Sheridan

103 East Hamilton Street

Sheridan, MT 59749

Telephone: (406) 842-5431 Email: sheridan@3rivers.net

ZONING COMPLIANCE CERTIFICATE APPLICATION

<i>For Official Use Only</i>	
Date Received: _____	Application #: _____

Owner(s) of Record:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip Code: _____

E-Mail: _____

Authorized Representative (If different than owner):

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip Code: _____

E-Mail: _____

Legal Description of Property:

Street Address: _____

Subdivision Name: _____ Tract/Lot _____ Block _____

Geocode: _____ Section _____ Township _____ Range _____

Zoning District:

____ Agricultural ____ Residential ____ Commercial ____ Public ____ Industrial

Is this application an "after-the-fact" application: ____ Yes ____ No

Does the proposed use meet the setback requirements for this district: ____ Yes ____ No

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THIS APPLICATION IS FOR:

- New construction or placement of a new structure
- Expansion, relocation, or alteration of an existing structure
- Change of use or occupancy of land or buildings
- Other activity (fence, deck, etc)

Please Describe Your Project:

Please describe how your project complies with the regulations of the established zoning district (IE permitted use, etc):

Please describe how your project meets all dimensional, design, and performance standards of the established zoning district:

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INSTRUCTIONS FOR ZONING COMPLIANCE CERTIFICATE APPLICATION

Please complete this application in detail. The application should be clear and contain all necessary or relevant information. Please also include the following:

- Site plan showing all existing and proposed structures, property lines, driveways/access, and setbacks.
- Application Fee of \$150 (\$300 for "after-the-fact" applications).

Please submit all application materials and fees to Sheridan Town Hall.

CERTIFICATION

I hereby certify, under penalty of perjury and the laws of the State of Montana, that the information submitted herein, on all other submitted forms, plans or any other information submitted, including any testimony given to the Zoning Commission or Town Council, as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation provided in connection with this application be found to be inaccurate or untrue, I understand that any approval based thereon may be rescinded and other appropriate action taken. The signing of this application acknowledges consent for the Town of Sheridan, its Elected Officials, Employees, Agents and Board/Commission/Council members to enter onto the property for the purpose of inspection and compliance during the review, approval, and construction process.

Owner/Agent Signature(s)

Date