Conditional Use Permit Application

Town of Alberton, MT

 This application is used for all conditional use permit (CUP)
 Office Use Only

 requests. A CUP must be approved prior to the conditional use
 Date: _____ Accepted by: _____

 being initiated and prior to any land development activity
 Fee: \$_____ Cash/Check #: _____

 related to the use.
 Supporting docs rec'd date: ______

1.	Proposed Use:				
2.	Owner(s) of Record:				
	Name:				
	Mailing Address:				
	City/State/Zip:	Phone	Phone:		
3. Person(s) authorized to represent the owner(s), their role (e.g. develope copy of all correspondence is to be sent:				and to whom a	
	lame:				
	Mailing Address:				
	City/State/Zip: Phone:				
	Name:				
	Mailing Address:				
	City/State/Zip: Phone:				
4.	Property Description (Refer to Property Records)				
	Street Address: Sec. N	0	Township	Range	
	Subdivision Name: Tract N	No	Lot No	Block No	
	Lot Size: Acres/Square Feet (circle) Zoning Di	strict:			

- 5. Attachments (Please refer to the zoning ordinance and any applicable development standards)
 - Site plan (one or more sheets) including the following: scale, lot boundaries, existing and proposed structures and structural alterations, setbacks, all easements, utilities, plans for fire protection, solid waste, stormwater facilities, pedestrian and vehicle access, road specifications, parking and loading, landscaping, fences, and lighting.
 - □ Structural elevations.
 - □ A signage plan.

- □ A written description of how all conditions for the use will be met (please refer to the zoning ordinance for specific conditions).
- □ A written description of how the proposed use will or will not adversely impact the character of the district.
- □ A current map and list of all landowners within 150 feet of the property.

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other forms, documents, plans or any other information submitted as a part of this application to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, I understand any approval based thereon may be rescinded and other appropriate action taken. The signing of this application signifies approval for representatives of the Town of Alberton to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature

Date