

INTAKE FORM - CAPS INFORMATION DESK

COMMUNITY AND PLANNING SERVICES
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| <u>OFFICE USE ONLY</u> | |
|-------------------------------|-------|
| SB# | |
| DESK STAFF: | DATE: |
| SUPERVISOR: | DATE: |
| CASE PLANNER: | DATE: |

A. APPLICANT

Name: _____ DATE: _____

Address: _____

Phone Number: _____

Email: _____

B. SUBJECT PROPERTY

Property Owner: _____

Address: _____

Geocode: _____

Legal Description (must be complete—attach metes and bounds if necessary):

Lot: _____ Tract: _____ Township: _____

Block: _____ COS#: _____ Range: _____

Subdivision: _____ Section: _____

Size of Parcel: _____

Zoning: _____

Applicable Growth Policy/ Comprehensive Plan and Land Use Designation:

Floodplain Designation: _____

C. PROJECT DESCRIPTION /QUESTIONS

Provide a description of the project (you may attach a separate page) AND/OR explain the standard/regulation you request to vary from AND/OR describe the question you have:
