

MISSOULA COUNTY COMMUNITY AND PLANNING SERVICES 200 W. BROADWAY

MISSOULA, MONTANA 59802-4292

ZCP Number: ______Applied Date: _____

PHONE: (406) 258-3432 & (406) 258-4657 FAX: (406) 258-3920

Planning & Permitting • Conservation & Communities • Parks & Trails

Review Date: _____ SUBMITTAL REQUIREMENTS Issued Date: _____ NOTE: All construction and development within the jurisdiction of Missoula County on zoned land must receive a Zoning Compliance Permit before starting construction. Most projects are required to submit: 1 copy of site plan (scale of 1"=20' unless other scale agreed to by CAPS staff) 1 1 copy of building elevations 1 copy of floor plans Single family residences on slopes less than 5% are not required to submit grading and drainage data on their site plan. All projects proposed on slopes of 5% or greater are required to submit a site plan showing all existing and proposed development; easements; access; roads; areas of cut and fill; existing and proposed drainage; retaining walls and height; and spot elevations for the driveway at the street or property line, at the garage, and at the corners of the building. All projects proposed on slopes over 10% are required to submit, in addition to the 5% requirements, a topographic map showing existing and proposed contours at a two (2) foot minimum interval, done by a licensed professional engineer, architect, or land surveyor. Sea level elevations arc required. Subdivision: Subdivision: COS Number: GEO Code: _____ Property Owner: Name: Address: Phone Number: Contractor, Architect, Engineer, or Developer: Name: Address: _____Phone Number: _____ Commercial Industrial Single-Family Residential Multi-Family Duplex Garage ZCP Sub-Type: Other:

Project Description:

MISSOULA COUNTY ZONING COMPLIANCE

ıl Area (Square Foota	ge) of Existing S	es:tructures:s:		
vious Use:				
		Office Use C	nlv	
		Office Use C	only	
ning District:				
king Requirements:	Existing	Required Rear Yard Modified	Proposed	d
back Requirements:	Front Yard	Rear Yard	Side Yar	·d
ight Requirements:	Absolute	Modified	Hillside	
	Pla	n Review App	orovals	
	7 1			
. County Public W Description	Date Sent	Approved By	Comments	Date Returned
Description	by CAPS	& Date	Comments	by CAPS
Driveway Approach				
Address				
Hillside				
Hillside Other				
Other	ent			
Other Health Department		Approved By	Comments	Date Returned
Other	ent Date Sent by CAPS	Approved By & Date	Comments	Date Returned by CAPS
Other Health Department	Date Sent		Comments	
Other Health Department Description	Date Sent		Comments	
Other Health Department Description Septic Other	Date Sent by CAPS		Comments	
Other Health Department Description Septic Other Floodplain/Shore	Date Sent by CAPS	& Date		by CAPS
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Other Health Department Description Septic Other Floodplain/Shore Description	Date Sent by CAPS eline Date Sent	& Date Approved By		by CAPS Date Returned
Other Health Department Description Septic Other Floodplain/Shore Description Floodplain Shoreline	Date Sent by CAPS eline Date Sent	& Date Approved By		by CAPS Date Returned
Other Health Department Description Septic Other Floodplain/Shore Description Floodplain	Date Sent by CAPS eline Date Sent	& Date Approved By		by CAPS Date Returned
Other Health Department Description Septic Other Floodplain/Shore Description Floodplain Shoreline Zoning	Date Sent by CAPS eline Date Sent by CAPS	& Date Approved By & Date	Comments	Date Returned by CAPS
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Other Health Department Description Septic Other The Indian Shore Description Floodplain Shoreline Zoning Description Setbacks Parking	Date Sent by CAPS eline Date Sent by CAPS Date	& Date Approved By & Date	Comments	Date Returned by CAPS
Other Health Department Description Septic Other Floodplain/Shore Description Floodplain Shoreline Zoning Description Setbacks Parking Height	Date Sent by CAPS eline Date Sent by CAPS Date	& Date Approved By & Date	Comments	Date Returned by CAPS
Other Health Department Description Septic Other The Indian Shore Description Floodplain Shoreline Zoning Description Setbacks Parking	Date Sent by CAPS eline Date Sent by CAPS Date	& Date Approved By & Date	Comments	Date Returned by CAPS



Address of site _____

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ZONING COMPLIANCE PERMIT APPLICATION MULTIFAMILY, COMMERCIAL, AND INDUSTRIAL SUBMITTAL REQUIREMENTS

The following check list must be completed and signed by the applicant before plans can be reviewed

NOTE: Site plan, building elevations, and floor plans are required for new construction, additions, or remodels vvhlch result in a change to a building. If only an interior remodel to an existing permitted use, submit only floor plans.

Legal Description	Township:	Range:	Section:	_
			Number:	
	COS Number:	GEO Co	ode:	_
Name of Contact Pe			e Number:	
Three (3) copies of t	he site plan containing th	e following information	must be submitted. When a parti	icular item
· · · -	ere indicated. If an item	•	-	
THREE SI	TE PLANS ARE REQU	JIRED FOR ALL SUB	MITTALS FOR MULTIFAMII	Y,
	COMM	ERCIAL AND INDUS	TRIAL.	
1. Boundaries	and dimensions of proper	ty, all property corners (Property comers shall be clearly	marked
on the groun				
2. Show names	of existing streets and al	leys		
3. Show distance	e from property line to c	urb or edge of street		
4. Locations of	existing and proposed str	ructure; distance between	n all structures; distance from all	
structures to proj	· · · · · -			
5. Show dimens	sions and types of easeme	ents (include copy of agr	reement)	
6. North arrow.	Clearly indicate scale (1'' = 20' preferred, $1'' = 5$	60' maximum)	
7. Present uses	of adjacent lots			
		all buildings (Show squa	are footage of all buildings and broad	eakdown of
uses by square for				
		-	tions, sidewalks, and entrances to	structures
	mensions, and number of		arking space including:	
	ber of spaces required			
	ber, type, and location of	accessible spaces		
	re footage of paved area			
	ng and signing			
			rade; height calculations from fin	ished grade
	or walls of structures; bu		aiculations	
12. Location of	loading areas, accesses a	na type of venicles		

13. Sho	ow all areas to be paved including alleys; show typical pavement	section
14. Gra	ding and drainage plan to include: (may be on separate sheet) se	ee 3.06(p) of Resolution #76-113
	a. Topographic map showing existing elevation of all features, i	ncluding but not limited to: curbs and
	sidewalks, edge of asphalt and drainage structures in existing	street, property corners, spot
	elevations throughout lot, contours on a 2 foot maximum inte	rval (elevations must be in sea level
	designation)	
	b. Show proposed elevations for: critical locations in parking lo	ots, curbing both on site and right-of-
	way, sidewalks, existing and finished building floor elevation	s, landscaping, cut and fill slopes,
	retaining walls	
	c. Show drainage plan including inlets or sumps, roof drainage,	storm drains, etc.
	d. Indicate plans for erosion control and drag-on mitigation duri	ng construction.
15. Sho	ow existing and proposed landscaping for on-site and boulevard in	ncluding: (may be on separate sheet)
see	3.05 of Resolution #76-113	
	a. Square footage existing, proposed and required	
•	b. Topography	
	c. Types of ground cover, plants, botanical and common nar	ne, tree and shrub height and size at
	planting	
	d. Irrigation	
16. Hei	ghts and types of fences	
17. Loc	cation and type of trash storage including screening	
18. Loc	eation and size of sewer/drain field and water lines	
19. Loc	cation of external grease interceptor and/or sand and oil separator.	See Health Department if commercial.
Note: Signs	require a separate permit. Contact Community and Planning Serv	vices for requirements.
APPLICAN'	TS SIGNATURE:	DATE:

Failure to complete this form and to provide all the requested information will result in the permit application being returned to the applicant for corrections.

