REQUEST FOR VARIANCE

Town of West Yellowstone
Gallatin County, Montana

DATE: _____
APPLICANT: _____
ADDRESS: _____
PHONE: _____
INTEREST IN PROPERTY: _____

OWNER OF RECORD'S SIGNATURE: _____

1. LEGAL DESCRIPTION:
Subdivision: _____
Block: _____ Lot: _____
Zoning District Number: _____

2. Section, Part, and Paragraph of the Zoning Ordinance that you are applying for a variance from: _____

3. Request for Variance is related to:

(Mark All that Apply)

Yard _____
Height _____
Use _____
Parking _____
Other _____
_____

4. Please state specifically the change(s) proposed and the reason(s) such changes are necessary _____
_____
_____
_____
_____

5. Application Fee: $75.00 Paid _____ Date _____

_____
Signature of Applicant

_____
DATE

For Office Use Only:
DECISION BY TOWN COUNCIL

Approved Disapproved

_____
Mayor/Operations Manager

_____
DATE