



ZONING PERMIT APPLICATION

Construction Address: _____

Applicant's Name: _____

Telephone Number: _____ E-mail: _____

Lot Width: _____ Lot Length: _____ Total Square Footage: _____

Parcel ID #: _____

Application For:

<input type="checkbox"/> Single Family Dwelling (\$150)	<input type="checkbox"/> Fence / Wall / Deck (\$50)
<input type="checkbox"/> Existing Building Expansion (\$100)	<input type="checkbox"/> Sign (\$50)
<input type="checkbox"/> Residential Garage / Accessory Bldg. - more than 200 ft² (\$100)	<input type="checkbox"/> Driveway (\$50)
<input type="checkbox"/> Accessory Building - less than 200 ft² (\$50)	<input type="checkbox"/> Event Tent / Temporary Storage Tent (\$10)
<input type="checkbox"/> Home Occupation (\$50)	<input type="checkbox"/> Excavation / Fill - less than 1,000 cu yds. (\$50)
	<input type="checkbox"/> Other (\$50) _____

Description of Project:

To be completed by the City of Montague

Zoning District of Site: _____

General Setbacks: Front _____ Back _____ Side _____ Height _____

Length / Width Ratio: _____ Lot Coverage: _____ Overlay Zone? Yes / No

Setbacks Applicable to Specific Use: _____

Site Plan, Drawing, or Attached Map:

Authorizations:

- ☐ I hereby attest that the information on this application forms is, to the best of my knowledge, true and accurate; and understand that if approved the construction work must be started within 6 months after which time the permit will become null and void; and hereby grant permission to the City of Montague to enter the above described property for the purposes of gathering information related to this application.

Signature: _____ Date: _____

To be completed by the City of Montague	
Date Received: _____ <input type="checkbox"/> Fee Paid <input type="checkbox"/> Site Plan & Supporting Materials <input type="checkbox"/> Property Staking	Zoning Permit: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied
Approval Conditions: _____	
Date: _____ Authorized Signature: _____	