

ZONING VERIFICATION APPLICATION

1. APPLICANT

Name: _____

Full Address: _____

Phone: _____

Email: _____

2. PROPERTY

Full Street Address: _____

Full Legal Description: _____

Current Zoning: _____

3. USE INFORMATION

Existing land use: _____

Proposed land use: _____

Existing business/tenant name
at address: _____

4. FEE

Base fee \$106

5. SIGNATURE

Applicant Signature: _____

Printed Name: _____

CONTACT US

Alfred M. Stiff Professional Building
20 East Olive Street 59715 (FED EX and UPS Only)
PO Box 1230
Bozeman, MT 59771

phone 406-582-2260
fax 406-582-2263
planning@bozeman.net
www.bozeman.net

Zoning Verification Application ZV		Page 1 of 1		Revision Date 1-23-20	
Required Forms:	None	Recommended Forms:	Required Forms:		