

APPLICATION FOR VARIANCE

TOWN OF TWIN BRIDGES, PO BOX 307, TWIN BRIDGES, MT 59754

PHONE: 406-684-5243

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EMAIL: townoftb@3rivers.net

DATE: _____

The undersigned hereby makes application for a variance pursuant to the requirements of the Town of Twin Bridges Building Codes.

NAME OF APPLICANT: _____

PHONE NO: _____

MAILING ADDRESS: _____

SUBJECT PROPERTY

Legal Description: Block _____ Lot(s) _____ Addition _____

PHYSICAL ADDRESS: _____

EXPLAIN VARIANCE REQUEST: _____

In addition to the above, submit a plan (drawn to scale) including the following information: All existing and proposed structures and proposed variance measurements. (The lack of any of the above information will only delay this application).

I hereby certify that the above information is true and correct.

****ALL VARIANCE REQUESTS MUST HAVE DOCUMENTATION THAT NEIGHBORS ARE OK WITH THE VARIANCE.**

APPLICANT'S SIGNATURE

Town of Twin Bridge Variance Request

FOR OFFICE USE ONLY

Council Meeting: _____

Approved: _____

Denied: _____

NEIGHBOR'S SIGNATURES

Neighbor #1 Signature: _____

Address: _____

Neighbor #2 Signature: _____

Address: _____

Neighbor #3 Signature: _____

Address: _____

Neighbor #4 Signature: _____

Address: _____

Neighbor #5 Signature: _____

Address: _____

Neighbor #6 Signature: _____

Address: _____

PROPERTY DIAGRAM

