



# TOWN OF TWIN BRIDGES BUILDING (ZONING) COMPLIANCE APPLICATION

PO BOX 307/104 E. 6<sup>th</sup> Ave., TWIN BRIDGES, MT 59754  
PHONE: 406-684-5243 FAX: 406-684-5299  
Website: <https://townoftbmt.municipalimpact.com>



**DATE:** \_\_\_\_\_

The undersigned hereby makes application for a building compliance permit pursuant to the requirements of the Town of Twin Bridges Building Code.

**Applicant's Name:** \_\_\_\_\_

**Legal Property Owner's Name:** \_\_\_\_\_

**Application's Mailing Address:** \_\_\_\_\_

**Applicant's Phone Contact:** \_\_\_\_\_

## PROPERTY DESCRIPTION

**Physical Location:** \_\_\_\_\_

**Legal Description:** Lot (s) \_\_\_\_\_ Block \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**Description of Project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*If property is located in the flood zone, a Flood Permit application must be filled out, and approved prior to any man made changes in the flood zone, this may take up to 60 days. (Currently the west side of the Beaverhead River, map located and application can be located on the website or at Town Hall)*

**Contractor's Name/Address:** \_\_\_\_\_

**Contractor's Phone Number:** \_\_\_\_\_

**Contractor's Business License No.** \_\_\_\_\_

**Date for start of Construction:** \_\_\_\_\_

**Estimated date for completion:** \_\_\_\_\_

**\*\*\*APPLICATIONS MUST BE TURNED INTO THE TOWN OFFICE BY 3:00 PM THE FRIDAY BEFORE THE TOWN COUNCIL MEETING OR THEY WILL NOT APPEAR ON THE AGENDA UNTIL THE FOLLOWING MONTH. TOWN COUNCIL MEETINGS ARE AT 7:00 PM THE SECOND TUESDAY OF EVERY MONTH.**

## CONSTRUCTION MATERIALS AND UTILITIES REQUIRED

### Building Use:

- Living Space
- Garage (will this include a living area?)  yes  no
- Office space, workshop, storage area

### Size of Construction: (Exterior dimensions)

- Length: \_\_\_\_\_
- Width: \_\_\_\_\_
- Height: \_\_\_\_\_

### Foundation:

- None
- Gravel
- Stem wall
- Mono-slab
- with full basement

### Construction Material:

- 2x4
- 2x6
- Log
- Steel
- Concrete
- Cinder Block
- Other: \_\_\_\_\_

### Exterior Siding:

- Vinyl
- Wood
- Tin
- Other: \_\_\_\_\_

### Roof:

- Asphalt shingles
- Wood
- Colored metal
- Other: \_\_\_\_\_

Rain Gutter:  yes  no

### Utilities needed:

- Water
- Sewer
- Electric
- Gas
- Phone
- Other: \_\_\_\_\_

Request for Variance:  Yes  No

If "Yes", please complete a variance request form

**List of Sub-Contractors:**

Excavation: \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Electrical: \_\_\_\_\_  
Plumbing: \_\_\_\_\_  
Landscaping: \_\_\_\_\_  
Other: \_\_\_\_\_

**AGREEMENT**

The undersigned hereby agrees that the proposed work shall be done in accordance with the plans and specifications and statement herewith submitted and in conformity with the provisions of the Town Code pertaining to the erection, construction, or alteration of buildings in the Town of Twin Bridges. The applicant has the responsibility for compliance with all applicable codes and ordinances.

If construction does not commence within six months, a letter requesting a six-month extension must be submitted. This permit is valid for two years.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if different from applicant)

**Project Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments and Special Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Non-Refundable fee attached** (\$25.00 must be paid with application):

- Yes
- No

**Fee amount** (determined after application is approved and \$25.00 fee is deducted from fee): \_\_\_\_\_

- Check (include check #) \_\_\_\_\_
- Cash

**Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_  
**Town Officials Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BUILDING DIAGRAM – Please include the property line, where the construction will occur on the property and the setbacks from the property line. Diagram should include all existing and proposed structures and proposed variance measurements. (The lack of any of the required information, will delay the application)**

A large grid of graph paper, consisting of 30 columns and 30 rows of small squares, intended for drawing a building diagram. The grid is empty and occupies the central portion of the page.

**\*\*\* ALL VARIANCES MUST BE SIGNED OFF BY THE NEIGHBORS AND A VARIANCE REQUEST FORM MUST BE COMPLETED AND ATTACHED TO THE BUILDING APPLICATION.**

## APPLICATION FOR VARIANCE

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

**Applicant's Name:** \_\_\_\_\_

**Legal Property Owner's Name:** \_\_\_\_\_

**Applicant's Phone Contact:** \_\_\_\_\_

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### PROPERTY DESCRIPTION

**Physical Location:** \_\_\_\_\_

**Legal Description:** Lot (s) \_\_\_\_\_ Block \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**Description of Variance:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to the above, please indicate the variance on building diagram, including the following information:

- ❖ All existing and proposed structures
- ❖ All proposed variance measurements

### Neighbors Approval:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if different from Applicant)*

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**Variance Approved:** \_\_\_\_\_

**Denied:** \_\_\_\_\_

**Town Officials Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_