



Town of Twin Bridges

PO BOX 307/104 E. 6th Ave, Twin Bridges, MT 59754

Phone: 406-684-5243

FAX: 406-684-5299



FENCE PERMIT APPLICATION

PROPERTY OWNER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CONTRACTOR INFORMATION

NAME OF CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

FENCE LOCATION AND TYPE

PROPERTY LOCATION: _____

Interior Lot: _____ Corner Lot: _____ Residential: _____ Commercial: _____

HEIGHT AND MATERIAL OF FENCE

MATERIAL: Wood _____ Chain link _____ Vinyl _____ Other: _____

HEIGHT: _____

APPLICATION SUBMITTAL REQUIREMENTS

_____ A completed application form

_____ A site plan showing the location of the fence

_____ Signed approval of any variance by all adjoining property owners, prior to construction. (*Variances may be denied by the Town Council*)

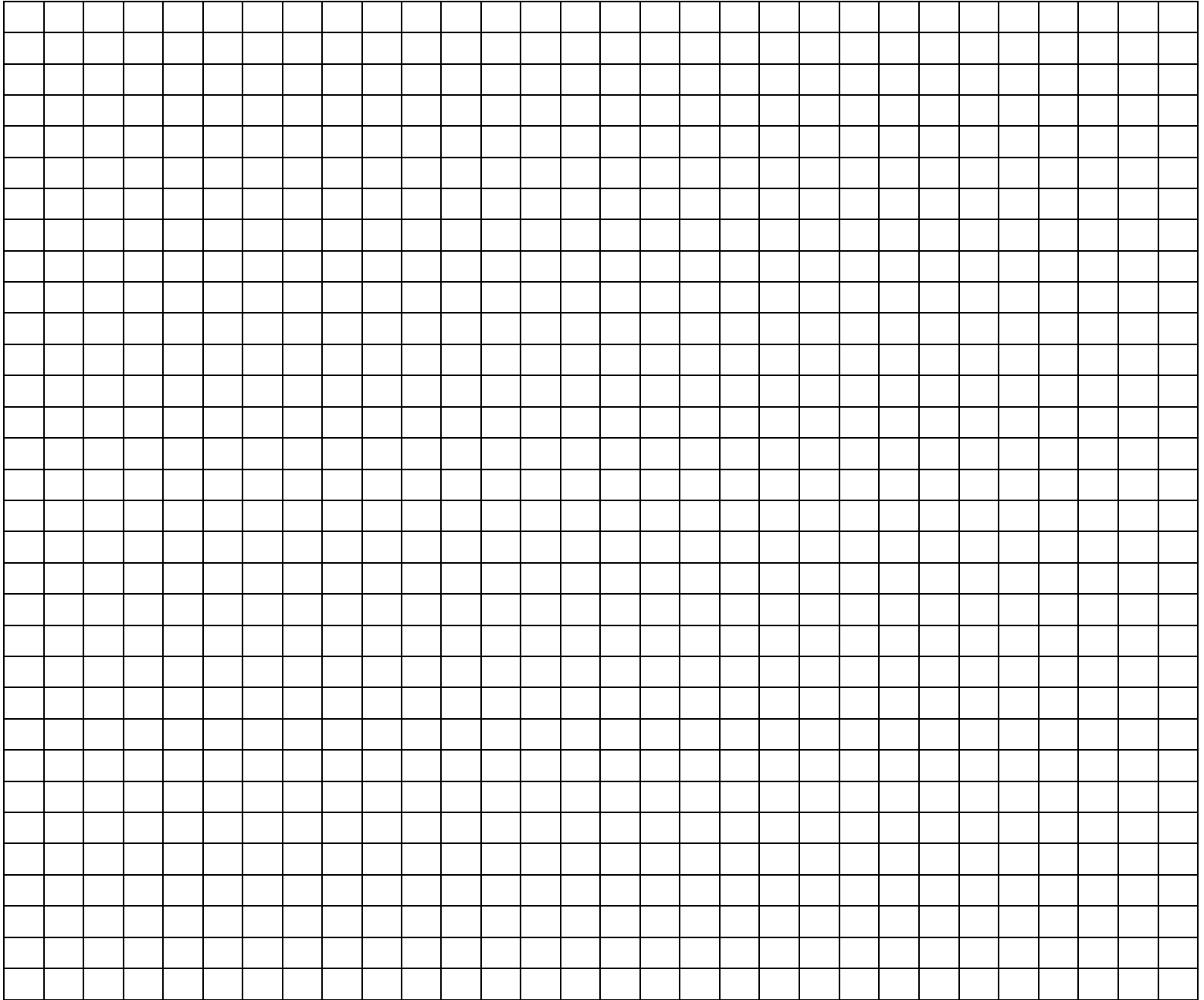
The undersigned affirms that the information included in the application is correct and authorizes the Town Staff permission to make a site inspection. This may or may not occur. If the application is approved, the undersigned will comply with all the requirements of the Town of Twin Bridges under ordinance 2019-01 and will correct any non-compliance issues in a timely fashion. The contractor/property owner is responsible for properly locating the property lines; locating pins or surveying property. Also, the contractor/property owner is responsible for calling Montana 811 to locate underground utilities.

All applications shall be submitted to the Town Clerk/Treasurer the Friday prior to the council meeting (Second Tuesday of the month @ 7:00 pm) by 3:00 pm so they can be placed on the agenda. If they are not on the agenda, then the approval will have to wait until the following month. **No construction is allowed until final approval of the council.**

SIGNATURE OF APPLICANT: _____ DATE: _____

PLOT (SITE) PLAN

PROPERTY ADDRESS: _____



I certify that the above plot plan shows all improvements and that there will be no construction over easements.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY Approved: _____ Denied: _____ Permit Number: _____

Signature of Mayor: _____ Date: _____