



Planning Department

Powell County Planning Department | 409 Missouri Ave. | Suite 101 | Deer Lodge, Montana 59722
406.846.9795 | www.powellcountymt.gov

DEVELOPMENT CERTIFICATE

Property Owner

Name: _____
Address: _____
Phone: _____
E-mail: _____

Agent

Name: _____
Address: _____
Phone: _____
E-mail: _____

Property Address: _____
Property Location: _____ S _____, T _____ N, R _____ W

Undeveloped Parcel - County will Generate E9-1-1 Address / GIS Section 406.846.9711

Existing Use of Property: _____

Proposed Use or Improvement: _____

Septic & Water Facilities Necessary: _____ Yes _____ No If yes, applicant must check with the County Sanitarian.

Chad J. Lanes, R.S. / Cell #: 406.560.3190

Is the building site in a forested area? _____ Yes _____ No If yes, applicant must submit a wildfire protection plan.

Submitted Site Plan - The plan must show parcel boundaries, existing and proposed structures, access from a public road, waterways & drainage structures, and other significant natural features. An applicant may obtain a base map from Powell County's GIS at the Planning Office.

Signature acknowledges that all information on this application and any supporting materials is true and correct; that the permitted activity will be conducted in full compliance with all regulations of Powell County, and the activity will be in full compliance with any and all conditions attached to this Certificate. Note, attached conditions are binding. Development Certificates are valid for one year from the approval date. Certificate extensions may be given on an individual basis, upon request made to the Planning Department.

Property Owner / Authorized Agent Signature: _____

The appropriate fee must accompany the submitted Certificate (please check Fee Schedule).

Date: _____

This Development Certificate serves only as an informational item for local government. It in no way authorizes any activity covered by other regulations.



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Do Not Complete This Section

Development Certificate Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fees Paid: _____
Zoning District: _____	Floodplain Zone: _____	Panel #: _____
Assessor Code: _____	Geocode: _____	
Floodplain & Stream Setback Overlay District: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Required Setback: _____
Clark Fork River Overlay District: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, DEQ Contacted? _____
Legal Access Via: _____		
Approach Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Date Issued: _____
Fire District: _____	Elementary School District: _____	
Referred to Planning Board: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason: _____

Attached Conditions:

Development Certificate Issued By: _____ Date of Issuance: _____

Development Certificate Number: _____

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