

APPLICATION TO MAINTAIN AN ENCROACHMENT

Town of West Yellowstone

Gallatin County, Montana

DATE: _____

APPLICANT: _____

ADDRESS: _____

PHONE: _____

INTEREST IN PROPERTY: _____

OWNER OF RECORD'S SIGNATURE: _____

1. LEGAL DESCRIPTION:

Subdivision: _____

Block: _____ Lot: _____

Zoning District Number: _____

2. Please describe specifically the construction and size of the proposed encroachment. On the reverse of this application, please provide a sketch of the proposed encroachment. _____

Signature of Applicant

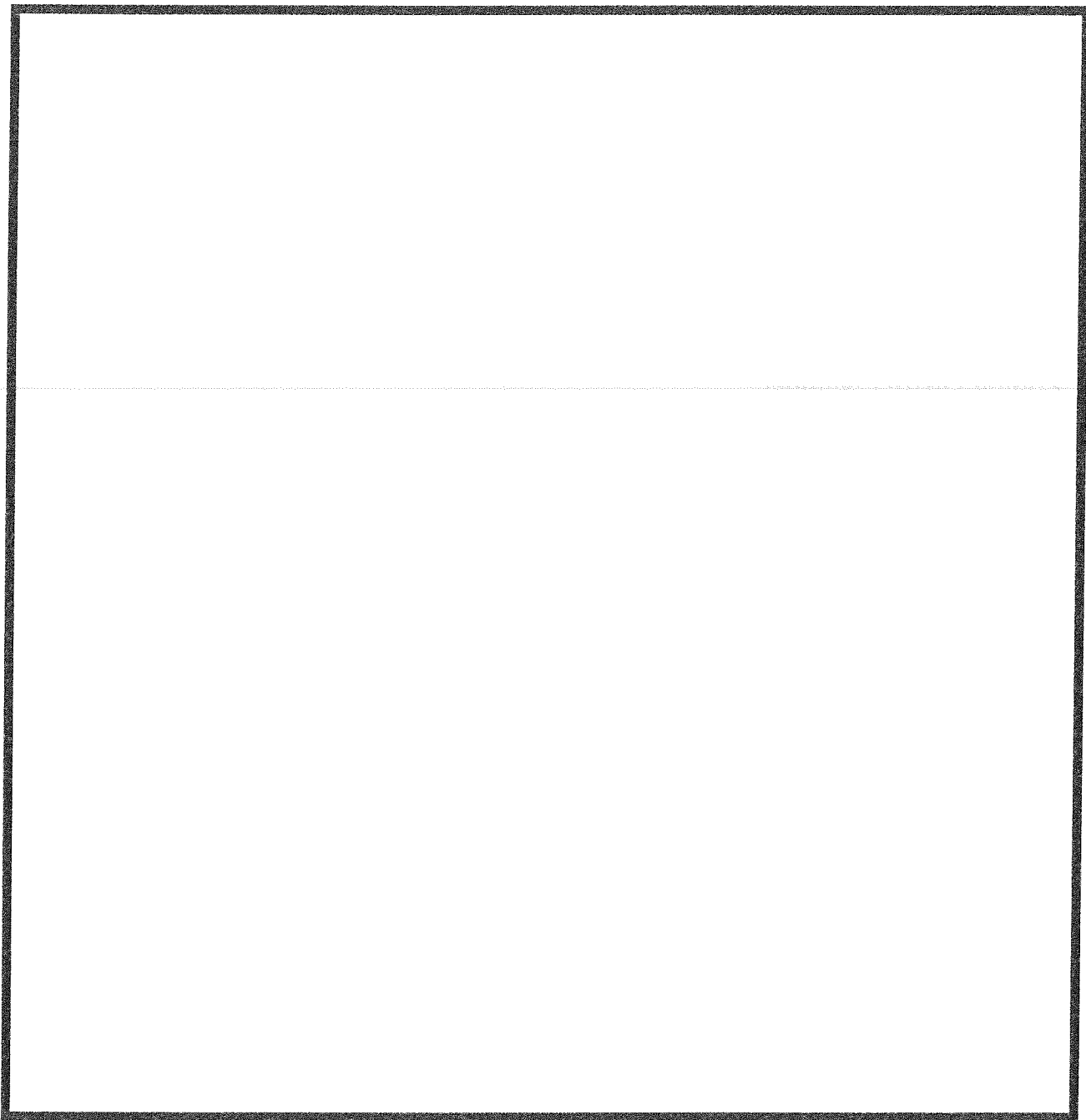
DATE

For Office Use Only:
DECISION BY TOWN COUNCIL

Approved Disapproved

Mayor/Operations Manager

DATE



PLEASE INDICATE DIRECTION