



GALLATIN COUNTY Administrative Determination Application Form

1. Applicant

Name: _____
Address: _____
Phone: _____ Email: _____

2. Property Owner (If different than applicant.)

Name: _____
Address: _____
Phone: _____ Email: _____

3. Property (If Applicable)

Address: _____
Section: _____ Township: _____ Range: _____
Subdivision/COS: _____ Block: _____ Lot: _____
Other legal description: _____

DOR#: 06 _____ _____ _____ _____ _____ _____
 (2) (4) (2) (1) (2) (2) (4)

Land area (acres or square feet): _____

4. General Location:

5. Zoning district: _____ **Zoning designation:** _____

6. Summarize request:

- ◆ I hereby certify that the information on and attached to this application is true and correct.
- ◆ I understand that fees for this application are not refundable.

Applicant's Signature

Date

Property Owner's Signature

Date

If property has multiple owners, please inquire with Planning Department for required signature(s).