

**YELLOWSTONE COUNTY**  
**Pre-Application Statement of Owner(s) or Agent(s)**

The owner(s), contract purchasers (if any) and agents (if any) are required to submit this completed form on-line and any attachments along with a completed Special Review application form, including any required fees, for a special review to be processed by the Planning Division.

1. Present Zoning: \_\_\_\_\_
2. Written description of the Special Review including square footage of structures, total area of the site  
\_\_\_\_\_  
\_\_\_\_\_
3. Subject Property Map: please attach to this form
4. Legal Description of Property: \_\_\_\_\_
5. Roster of persons who attended the pre-application neighborhood meeting: please attach to this form
6. A copy of the meeting notice. please attach to this form
7. A brief synopsis of the meeting results. please attach to this form
8. The undersigned affirm the following:
  - a) The pre-application neighborhood meeting was held on the \_\_\_\_, day of \_\_\_\_\_, 20\_\_.
  - b) The special review application is based on materials presented at the meeting.

Owner (s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Agent (s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

## COUNTY APPLICATION FORM

**COUNTY SPECIAL REVIEW** County Special Review #\_\_\_\_\_ - Project #\_\_\_\_\_

The undersigned as owner(s) of the following described property hereby request a Special Review as outlined in the Yellowstone County Zoning Regulations.

Present Zoning: \_\_\_\_\_

Proposed Special Review Use: \_\_\_\_\_

Property Tax ID # \_\_\_\_\_ COUNTY COMMISSIONER DISTRICT #\_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Address or General Location (If unknown, contact County Public Works): \_\_\_\_\_

Size of Parcel (Area & Dimensions): \_\_\_\_\_

Present Land-Use: \_\_\_\_\_

Proposed Land-Use: \_\_\_\_\_

\*\*\* Additional information may be required as determined by the Zoning Coordinator in order to fully evaluate the application.

Owner(s) \_\_\_\_\_

(Record Owner)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Phone Number) \_\_\_\_\_ (email)

Agent(s): \_\_\_\_\_

(Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Phone Number) \_\_\_\_\_ (Email)

I understand that the filing fee accompanying this application is not refundable, that it pays for the cost of processing, and that the fee does not constitute a payment for a Special Review. Also, I attest that all the information presented herein is factual and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Record Owner – Digital Signature Allowed)