



**COUNTY ADDRESS APPLICATION FORM**

**FEE: \$25.00 INCLUDES ADDRESS PLAQUE**

Please make checks payable to Lewis and Clark County

**PLEASE COMPLETE ENTIRE FORM**

This space for departmental use:
ASSIGNED ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_
Emergency Service Number: \_\_\_\_\_ Fire District: \_\_\_\_\_
Signature of Address Coordinator: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

**ADDRESS TYPE:**

1. NEW CONSTRUCTION CHANGE OF ADDRESS \* ADDITIONAL ADDRESS
\* Fee may be waived for change of address request – please contact the Addressing Office (addressing@lccountymt.gov or 447-8367)

2. RESIDENTIAL MULTI-FAMILY (# OF UNITS \_\_\_\_\_) COMMERCIAL (# OF UNITS \_\_\_\_\_)

3. ADDRESS PLAQUE\*: VERTICAL HORIZONTAL
\* Plaque will only be created upon request – details will be provided in the notification letter

GEO CODE: \_\_\_\_\_

LEGAL DESCRIPTION:
Subdivision Name or Certificate of Survey Number \_\_\_\_\_

Block Number \_\_\_\_\_ Lot Number \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

LOCATION OF STRUCTURE:
Please describe the existing or anticipated location of your structure in relation to the parcel (Example – southwest corner of parcel, accessed by driveway off of Lincoln Rd W). Please provide a drawing if necessary.

**\* PLEASE PROVIDE A COPY OF THE FILED CERTIFICATE OF SURVEY OR DEED \***



Lewis and Clark County  
 Community Development & Planning  
 316 N Park Ave, Rm 230  
 Helena, MT 59623 (406)447-8374

A COMPREHENSIVE PERMITTING FORM WILL NOT  
 BE ACCEPTED WITHOUT A COPY OF THE FILED CERTIFICATE OF  
 SURVEY OR A FINAL PLAT (IF LOT IS IN A SUBDIVISION).

COPIES OF THESE DOCUMENTS MAY BE OBTAINED  
 IN THE CLERK AND RECORDER OFFICE ROOM 113 OR WITH THE  
 ASSISTANCE OF COUNTY STAFF.

**COMPREHENSIVE PERMITTING FORM**

Primary Contact: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please Print)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

NOTE: An address must be applied for and assigned to your property (if you have not had one previously assigned).

Lot-Tract Size: \_\_\_\_\_ Subdivision Name (if applicable): \_\_\_\_\_

Lot-Tract#: \_\_\_\_\_ GEO CODE: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Description of Existing Improvements and All Structures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Proposed Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, the Primary Contact, hereby acknowledge that the information supplied with this  
 (Please Print)

Comprehensive Permitting Form is correct and reflects the current land use at the property address identified above. I further acknowledge that any permit application I submit will require the submission of all documentation regarding easements, setbacks, covenants, zoning and any other applicable restrictions that may affect the property. I further acknowledge that failure to abide by any easement, setback, covenant, zoning or any other applicable restriction that may affect the property without prior approval from the property authority (county, state, federal) may result in the revocation of the permit, the denial of a permit, the removal or disconnection of the improvement, and/or an increase in permit fees.

Primary Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY			
CPF #:	COS#:	FINAL PLAT #:	DEED #: