

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY/
LOCAL GOVERNMENT JOINT APPLICATION FORM

PART I. GENERAL DESCRIPTION & INFORMATION

Name of proposed development: _____

Location:

City: _____

County: _____ Geocode: _____

Legal description: ____ 1/4 ____ 1/4 _____ of Section _____ Township _____ Range _____

Type of Review

- _____ Division of Land, Boundaries Relocated, or Removal of Restrictions
- _____ Condominiums/Townhomes/Mobile Homes/Recreational Vehicles
- _____ Rewrite – No Boundaries Changing, Aggregation, Change of Use
- _____ Modified Site Plan

Type of water supply system

- _____ Individual well
- _____ Individual surface water supply or spring
- _____ Cistern
- _____ Shared well (2 connections)
- _____ Multiple-user (3-14 connections & < 25 people)
- _____ Service connection to multiple-user system
- _____ Service connection to public system
- _____ Extension of public main
- _____ New public system (15+ connections or serving 25+ people)

Descriptive Data

- _____ Number of lots
- _____ Number of condominiums, townhomes, or spaces
- _____ Total acreage of lots being reviewed

Type of wastewater treatment system

- _____ Individual wastewater treatment system
- _____ Shared wastewater treatment system (2 connections)
- _____ Multiple-user (3-14 connections & < 25 people)
- _____ Service connection to multiple-user
- _____ Extension of multiple-user main
- _____ Service connection to public system
- _____ Extension of public main
- _____ New public system (15+ connections or serving 25+ people)

Indicate the proposed/existing use(s)

- _____ Residential, single family
- _____ Residential, multiple family
- _____ Type of multiple family structure (e.g. duplex) _____
- _____ Planned unit development
- _____ Condominium/townhomes
- _____ Mobile home park
- _____ Recreational vehicle park
- _____ Commercial or industrial
- _____ Other (please describe)

Name of solid waste (garbage) disposal site: _____

Designated representative, if any (e.g., engineer, surveyor)

I designate _____ of _____
Print name Print Company Name

as my representative for purposes of this application.

Address: _____
Street or P.O. Box, City, State, Zip Code

Email: _____ Phone: _____

Owner

Name: _____
Signature of all owners of record Print name of owner (s)

Address: _____
Street or P.O. Box, City, State, Zip Code

Email: _____ Phone: _____

Date: _____