



GALLATIN COUNTY

Subdivision Material Change 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).