



\$50 Application Fee

CITY OF WHITEFISH

Public Works Department
418 E. 2nd Street * PO Box 158
Whitefish, MT 59937
Phone: (406) 863-2460 * Fax: (406) 863-2419

APPLICATION FOR ENCROACHMENT PERMIT

Application for Permit to:

(Insert Nature of Permit)

1. Name of Applicant: _____
2. Address of Applicant: _____
3. Telephone number of Applicant: _____
4. Legal Description: Subdivision: _____
Lot(s): _____ Block: _____ Address: _____
5. Property Owner: _____
(Permittee)
6. Property Owner's Address: _____
7. If Permittee is a Corporation, give State of Incorporation and names of President and Secretary:

8. Nature of Permit desired (Give sufficient detail to enable thorough understanding. Attach additional pages as may be necessary. Submit all attachments, blueprints or sketches in duplicate.) : _____

9. Location of installations or structures to be installed: _____

10. For how long a period is the permit desired: _____

REMARKS: _____

Dated at _____, Montana, this _____ day of _____, 20_____.

SIGNATURE OF PROPERTY OWNER (Permittee)