

APPLICATION FORM

CITY VARIANCE

ID: Billings Variance # _____ - Project # _____

The undersigned as owner(s) of the following described property hereby request a Variance from the terms of the City of Billings Zoning Regulations.

PROPERTY TAX ID # A02554 CITY ELECTION WARD # 2 - BILLINGS

Legal Description of Property: ARROWHEAD SUBD, S22, T01 N, R26E, BLOCK 2, LOT 6, LESS 375 SQFT (96)

Address or General Location (If unknown, contact City Engineering): 1508 MAIN ST, BILLINGS, MT 59105

Zoning Classification: CMU-1

Size of Parcel (Area & Dimensions): 196.32' X 75' - 14,724 SQFT

Covenants or Deed Restrictions on Property: Yes _____ No X

If yes, please attach to application

Variance(s) Requested: INCREASE THE SIZE OF ALLOWABLE KIOSK TO MATCH THE SIZE OF EXISTING KIOSK.

Facts of Hardship: LETTER ATTACHED.

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

Owner(s): CASSANDRA DENNISON
(Recorded Owner)
6947 BRAVE LOOKOUT, SHEPHERD, MT 59709
(Address)
406.370.3215 DENNISON_14@YAHOO.COM
(Phone Number) (email)

Agent(s): GREG REID/WWC ENGINEERING
(Name)
550 SOUTH 24TH ST W BILLINGS
(Address)
406.894.2210 GREID@WWCENGINEERING.COM
(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 Variance. Also, I attest that all the information presented herein is factual and correct.

Signature: Cassandra Dennison Date: 3/31/2022
(Recorded Owner)

[Signature] Date: 3/31/2022
(Landowner)
Pres/CEO, BILLINGS FCU

