



CITY OF MISSOULA TOURIST HOME REGISTRATION FY2017

Please complete the front and back of this form and return with required fees.
Remit to Development Services 435 Ryman St, Missoula MT 59802
Tel 406.552.6121 Fax 406.327.2182 Email blic@ci.missoula.mt.us

APPLICANT/BUSINESS NAME: _____

PROPERTY LOCATION: _____ ZONING DESIGNATION: _____

DWELLING UNIT SQUARE FOOTAGE: _____ MAXIMUM OCCUPANCY (One guest per 150 sq. ft. floor area): _____

No. DAYS/YEAR RENTED: _____ BUILDING TYPE: Single Family Residence* ADU Duplex Triplex
*Includes Condominiums / Townhomes

\$50.00 FEE

Fees are non-refundable and are required at the time of application. Registrations are not pro-rated and expire on January 31st of each year, regardless of when issued.

PROPERTY OWNER INFORMATION: INDIVIDUAL PARTNERSHIP CORPORATION / LLC / TRUST

PROPERTY OWNERS (list individually and identify the **local responsible party** using the check box)

OWNER NAME: _____ TEL: _____

ADDRESS: _____ EMAIL _____

CITY: _____ ST _____ ZIP _____

OWNER NAME: _____ TEL: _____

ADDRESS: _____ EMAIL _____

CITY: _____ ST _____ ZIP _____

OWNER NAME: _____ TEL: _____

ADDRESS: _____ EMAIL _____

CITY: _____ ST _____ ZIP _____

PROPERTY MANAGER NAME: _____ TEL: _____

ADDRESS: _____ EMAIL _____

APPLICANT SIGNATURE: _____ DATE: _____

CITY OF MISSOULA TOURIST HOME REGISTRATION FY2017 (continued)

For tourist homes located in residential zoning districts, neighboring properties within 150'.

The following list of property owners (with addresses) were notified regarding the pending registration of a Tourist Home located at _____ (address of Tourist Home). *It is recommended that this notification is done via mail.*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

**Add additional sheets as needed*

APPLICANT SIGNATURE: _____ DATE: _____