BEAVERHEAD COUNTY, MONTANA
VARIANCE REQUEST FORM

Beaverhead County Planning Department
Beaverhead County Courthouse
2 South Pacific St #7
Dillon, MT  59725-2799

PART A.

1. Applicant’s Name: 

2. Subdivision Name: 

3. Representative/Contact Person: 

4. Signature: ___________________________  Date: ___________________________

PART B

1. Subdivision Regulation that a Variance is being requested for: 

2. Specific Subdivision Regulation Section: (example: VIII, A, 14(a)) 

PART C

1. Alternate proposal: 

PART D

1. What is the undue hardship that will result if this regulation is enforced: 