

SFE REALLOCATION APPLICATION
BIG SKY COUNTY WATER & SEWER DISTRICT NO. 363
PO BOX 160670 • BIG SKY, MT 59716 • 406-995-2660

APPLICANT INFORMATION

NAME
MAILING ADDRESS
CITY STATE ZIP CODE
TELEPHONE #:

APPLICATION DATE:

APPROVAL DATE:

NUMBER OF SFE's APPROVED:

DESCRIPTION OF PROPERTIES SFE's REALLOCATED FROM:

PARCEL	DESCRIPTION	TAX NUMBER	COS NO.	QTR. SECTION	SEC-TOWN-RANGE	COUNTY	SFE's

TOTAL

DESCRIPTION OF PROPERTIES SFE's REALLOCATED TO:

PARCEL	DESCRIPTION	TAX NUMBER	COS NO.	QTR. SECTION	SEC-TOWN-RANGE	COUNTY	SFE's

TOTAL

POOLED SFE's

A	Total SFE's reallocated prior to this Application:	
B	Total SFE's available for reallocation in POOL (from previous Application):	
C	SFE's requesting reallocation from OTHER PARCELS to POOL:	
D	SFE's requesting reallocation from POOL to OTHER PARCELS:	
E	Total SFE's available in POOL for future reallocation:	

TOTAL POOL SFE's AVAILABLE FOR FUTURE REALLOCATION:

I hereby certify that I own, or represent the owner of land that is currently recognized as a legal obligation of the District, and therefore entitled to request a reallocation of capacity from one subdivision or development to another. I hereby agree to complete the reallocation of capacity according to the rules and regulations of the District and agree to reimpose sanitary restrictions on the parcel of land(s) which capacity has been reallocated from. I understand that the District will not issue a sewer connection permit until sufficient written evidence is provided to the District that the sanitary restrictions have been reimposed on the subdivision or development originally included as a legal obligation of the District.

Signature of Owner _____ [OR] Signature of Authorized Agent for Owner _____ Date _____

NO. OF SFE'S APPROVED FOR REALLOCATION:

BOARD APPROVED: Yes No

DATE APPROVED: _____

DATE DENIED: _____

SIGNATURE OF DISTRICT REPRESENTATIVE DATE