

# APPLICATION FOR CONSTRUCTION PERMIT EXTENSION

## Shining Mountains Owners Association

PO BOX 452

ENNIS, MT 59729

PHONE: 406-682-5017

E-MAIL:

[MONTANA.SMOA@GMAIL.COM](mailto:MONTANA.SMOA@GMAIL.COM)

LOT # AND UNIT \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PERMIT #: \_\_\_\_\_ ORIGINAL PERMIT EXPIRATION DATE: \_\_\_\_\_

### COMMENTS

Please provide any additional information that may assist in the approval of your extension:

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PROPOSED COMPLETION DATE: \_\_\_\_\_

**NOTE: A copy of the SMOA Covenants; By-Laws and Rules and Regulations can be obtained from the SMOA website at [smoamt.org](http://smoamt.org).**

### SIGNATURE

I have read, understand, and will comply with the Shining Mountains Owner's Association Protective Covenants, By-Laws, Rules and Regulations that pertain to and affect the construction planned herein.

Signed (Property Owner): \_\_\_\_\_

Date: \_\_\_\_\_

### FOR SMOA USE ONLY

Date Received: \_\_\_\_\_

Plot Plan Received: YES NO

Approved: YES NO By: \_\_\_\_\_

Date copy returned to applicant: \_\_\_\_\_ By: \_\_\_\_\_

Copy placed in permanent file: YES NO By: \_\_\_\_\_

PERMIT EXPIRATION DATE: \_\_\_\_\_