

## **Application Withdrawal Form**

1.	Property owner name:
	Applicant name (if applicable):
	Property Address:
	Project number/description:
	Phone:Email:
2.	Reason for withdrawal:
	AGREEMENT
By signing below, I confirm that I wish to withdraw the above referenced application and acknowledge my responsibility for payment of any outstanding fees associated with the processing of this application by the Gallatin County Department of Planning and Community Development.	
––- Pro	pperty owner/applicant Signature Date
Off	ice Use Only
File	e #: Planner Name:
Coı	mments: