



New or Expanding Industry Classification Application

This form must be submitted to the appropriate local governing body by the property owner of record or the owner's representative prior to commencement of construction or by March 1 of the tax year the benefits are requested. Refer to [15-24-1401](#) and [15-24-1402](#), Montana Code Annotated (MCA) and Administrative Rules of Montana (ARM) [42.19.1235](#) for detailed information on the application process.

Required Information

Applicant Name _____	Property Address _____
Mailing Address _____	City _____
City _____	State _____ ZIP _____
State _____ ZIP _____	County _____
Email _____	Geocode (This can be found on the classification and appraisal notice.) _____
Contact Phone _____	Assessment Code _____

Remodeling, Reconstruction or Expansion Information

Construction start date _____

Estimated construction completion date _____

Date first building permit received _____

Is an extension of construction period requested? No
 Yes, a _____ month extension is requested.

Note: The construction period for a specific project may not exceed 12 months unless and extension is approved by all affected local government bodies.

Estimated cost of remodeling, reconstruction, or expansion \$ _____

Brief description and diagram of the remodeling, reconstruction or expansion.

(If additional space is required, please attach additional pages.)

Applicant Signature _____ Date _____

These sections to be completed by the Department of Revenue and appropriate local governing bodies.

For Department of Revenue Use Only

Application received by the department from the local government body on _____ .

The remodeling, reconstruction or expansion of existing buildings or structures will increase the taxable value by at least 2.5 percent. Yes No

Comments _____

Signature _____ Date _____

Printed Name _____ Title _____

For City Government Use Only

Application received by the city governing body, _____, on _____ .

This application for tax benefits for the remodeling, reconstruction or expansion of existing buildings or structures is: Approved Disapproved

If approved, the tax benefits will be implemented for Tax Year _____ .

The construction period for a specific project may not exceed 12 months unless an extension is approved by all affected local government bodies. We approve an additional _____ month(s) extension to the 12-month construction period.

Signature _____ Date _____

Printed Name _____ Title _____

Note: Please forward a copy of the processed application with the governing body's decision to the local Department of Revenue field office with signed resolution.

For County Government Use Only

Application received by the county governing body, _____, on _____ .

This application for tax benefits for the remodeling, reconstruction or expansion of existing buildings or structures is: Approved Disapproved

If approved, the tax benefits will be implemented for Tax Year _____ .

The construction period for a specific project may not exceed 12 months unless an extension is approved by all affected local government bodies. We approve an additional _____ month(s) extension to the 12-month construction period.

Signature _____ Date _____

Printed Name _____ Title _____

Note: Please forward a copy of the processed application with the governing body's decision to the local Department of Revenue field office.