

APPLICATION
SMALL VOLUME PERMIT

PERMIT NO. S- _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

TYPE OF AGGREGATE: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

DESCRIPTION: _____

PIT NAME (If applicable): _____

COUNTY: _____

The total quantity of aggregate to be removed at this time will be: _____
_____ cubic yards or tons.

Date this permit is effective: _____

Date this permit expires: _____

The applicant agrees to pay a royalty of _____ per cubic yard/ton for
the quantity of aggregate removed.

AMOUNT RECEIVED \$ _____ (\$25.00 Fee plus Royalty)

BOND AMOUNT \$ _____ (If Required)

The Department hereby grants the applicant a permit to mine and remove the above listed
amount of aggregate from the above described location.

The applicant shall save all topsoil and reclaim any land disturbed pursuant to this Small
Volume permit and agrees to the following special stipulations:

(See back of page for additional stipulations)

The applicant shall contact the surface lessee prior to removal of aggregate.

Lessee Name _____

Address _____

Phone # _____

**MONTANA DEPARTMENT OF NATURAL
RESOURCES AND CONSERVATION**

PERMITTEE

BY: _____

BY: _____

DATE: _____

DATE: _____