



City of Whitefish
Planning & Building Department
 PO Box 158
 510 Railway Street
 Whitefish, MT 59937
 Phone: 406-863-2410 Fax: 406-863-2409

File #: _____
 Date: _____
 Intake Staff: _____
 Date Complete: _____

GROWTH POLICY MAP AMENDMENT

FEE ATTACHED \$ _____

INSTRUCTIONS:

(See current fee schedule)

- A pre-application meeting with planning staff is required. Date of pre-application meeting:

- Submit the application fee, completed application and appropriate attachments to the Whitefish Planning & Building Department a minimum of **forty five (45) days prior** to the Planning Board meeting at which this application will be heard.
- The regularly scheduled meeting of the Whitefish City Planning Board is the third Thursday of each month at 6:00 PM in the City Council Chambers at 1005 Baker Avenue.
- After the Planning Board hearing, the application is forwarded with the Board's recommendation to the next available City Council meeting for hearing and final action.

A. PROJECT INFORMATION:

Project Name: _____

Project Address: _____

Assessor's Tract No.(s) _____ Lot No(s) _____

Block # _____ Subdivision Name _____

Section _____ Township _____ Range _____

I hereby certify that the information contained or accompanied in this application is true and correct to the best of my knowledge. The signing of this application signifies approval for the Whitefish Staff to be present on the property for routine monitoring and inspection during the approval and development process.

 Owner's Signature¹

 Date

 Print Name

 Applicant's Signature

 Date

 Print Name

 Representative's Signature

 Date

 Print Name

¹ May be signed by the applicant or representative, authorization letter from owner must be attached. If there are multiple owners, a letter authorizing one owner to be the authorized representative for all must be included

APPLICATION CONTENTS:

Attached ALL ITEMS MUST BE INCLUDED - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- _____ Growth Policy Text Amendment Application – **8 copies**
- _____ Written description how the project meets the criteria in Section D – **8 copies**
- _____ Map showing the location and boundaries of the property – **8 copies**
- _____ Reduced copy of the site plan not to exceed 11" x 17" – **1 copy**
- _____ Where new buildings or additions are proposed, building sketches and elevations shall be submitted.
- _____ Electronic version of entire application such as .pdf
- _____ Any other additional information requested during the pre-application process

When all application materials are submitted to the Planning & Building Department, the application will be scheduled for public hearing before the Planning Board and City Council.

B. OWNER(S) OF RECORD:

Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

APPLICANT (if different than above):

Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

TECHNICAL/PROFESSIONAL:

Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

C. CURRENT LAND USE DESIGNATION: _____

PROPOSED LAND USE DESIGNATION: _____

