



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: _____

ZONING MAP AMENDMENT - ANNEXATION

INSTRUCTIONS:

- Submit the completed application with annexation form and appropriate attachments to the Whitefish City Clerk's Office.
- After annexation, the rezone application will be scheduled at the next available meeting of the City Planning Board, which meets on 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 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

- _____ Zoning Map Amendment – Annexation Application
- _____ Map showing the location and boundaries of the property
- _____ Copy of Approved Resolution annexing property into City limits or Date of City Council Meeting _____

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:

Name: City of Whitefish Phone: 406-863-2410

Mailing Address: P.O. Box 158

City, State, Zip: Whitefish, MT 59937

C. State the changing conditions that make the proposed amendment necessary:

----- For City Staff Use Only -----

PROPOSED ZONING:

CURRENT ZONING DISTRICT: _____

PROPOSED ZONING DISTRICT: _____