



**City of Whitefish**  
**Planning & Building Department**  
 PO Box 158  
 418 E 2<sup>nd</sup> Street  
 Whitefish, MT 59937  
 Phone: 406-863-2410 Fax: 406-863-2409

File #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Intake Staff: \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Date Complete: \_\_\_\_\_

**GROWTH POLICY TEXT AMENDMENT**

**FEE ATTACHED \$** \_\_\_\_\_

(See current fee schedule)

**INSTRUCTIONS:**

- 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 418 E 2<sup>nd</sup> Street.
- 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 (if applicable):**

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 Signature<sup>1</sup>

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

<sup>1</sup> 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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**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, if applicable – **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: \_\_\_\_\_



4. How the proposed change will promote the goals and objectives of the Growth Policy overall.