

## 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:	

## **ZONING MAP AMENDMENT**

		FEE ATTACHED \$
IN:	STRUCTIONS:	(See current fee schedu
	A pre-application meeting with planning sta	aff is required. Date of pre-application meeting:
		lication and appropriate attachments to the Whitefi m of <u>forty five (45) days prior</u> to the Planning Boa ard.
	The regularly scheduled meeting of the Weet ach month at 6:00 PM at City Hall at 418 I	hitefish City Planning Board is the third Thursday E 2 <sup>nd</sup> Street.
		he application is forwarded with the Board Council meeting for hearing and final action.
A.	PROJECT INFORMATION:	
Pro	oject Address:	
		Lot No(s) Subdivision Name
I h	ereby certify that the information contained or a st of my knowledge. The signing of this applicat	accompanied in this application is true and correct to t tion signifies approval for the Whitefish staff to be present during the approval and development process.
Ow	vner's Signature <sup>1</sup>	Date
Pri	nt Name	-
Apı	plicant's Signature	Date
Pri	nt Name	_
Re	presentative's Signature	Date
 Pri	nt Name	_

<sup>&</sup>lt;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

## **APPLICATION CONTENTS:**

Attached	ALL ITEMS MUST BE INCLUDED - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED			
	Zoning Map 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 map not to exceed 11" x 17" – 1 copy			
	Petition for zone change signed by the real property owners representing at least 65% of the land area for which the change in zoning classification is sought – <b>8 copies</b>			
	Electronic version of entire application such as .pdf			
When <u>all</u> 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:			
	Zip:			
	T (if different than above):			
Name:	Phone:			
Mailing Add	lress:			
City, State,	Zip:			
Email:				
TECHNICAL/PROFESSIONAL:				
Name:	Phone:			
Mailing Add	lress:			
City, State,	Zip:			
Email:				
C. PROPOSAL: CURRENT ZONING DISTRICT: PROPOSED ZONING DISTRICT:				

State the changed or changing conditions that make the proposed amendment necessary:

The burden of satisfactorily addressing these criteria lies with the applicant. Review the criteria below and discuss how the proposal conforms to the criteria. If the proposal does not conform to the criteria, describe how it will be mitigated.		
1.	Made in accordance with a Growth Policy	
2.	Secure safety from fire and other dangers:	
3.	Promote public health, safety and general welfare:	
4.	Facilitate the adequate provision of transportation, water, sewerage, schools, parks and other public requirements:	

5.	Provide reasonable provision of adequate light and air:
6.	The effect motorized and nonmotorized transportation systems:
7.	Promote compatible urban growth:
8.	Consider the character of the district and its particular suitability for particular uses:
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9.	Conserving the value of buildings:
10.	. Encourage the most appropriate use of land throughout the jurisdictional area:
11.	. That historical uses and established use patterns and recent change in use trends will be weighed equally and consideration not be given one to the exclusion of the other: