



**City of Whitefish**  
 418 E 2<sup>nd</sup> St | PO Box 158  
 Whitefish, MT 59937  
 Phone: 406-863-2460  
 Fax: 406-863-2419

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

**ARCHITECTURAL REVIEW RE-PAINTING NEW COLOR APPLICATION**

**FEE ATTACHED \$** \_\_\_\_\_  
 (see current fee schedule)

**A. APPLICANT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

**B. STREET ADDRESS:** \_\_\_\_\_

**C. SUBMITTAL REQUIREMENTS:**

- Photos of Existing Building and Neighboring Buildings – attach photos to this form
- Paint Color Samples – attach in boxes below

BODY COLOR

TRIM COLOR

**Review Criteria:** "Exterior finish building materials shall be of a nature in color and texture that is complimentary with the structures within each building district. They shall not clash, detract or conflict with adjacent architecture."

\_\_\_\_\_  
 Owner's Signature\*\*

\_\_\_\_\_  
 Date

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

\*\*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

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

\_\_\_\_\_  
 Date

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

Architectural Review Committee Meeting Date: \_\_\_\_\_

Approved    
  Approved with conditions: \_\_\_\_\_    
  Denied