



City of Whitefish
 Planning & Building Dept
 418 E 2nd St | PO Box 158
 Whitefish, MT 59937
 Phone: (406) 863-2410
 Fax: (406) 863-2409

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