



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: _____

PETITION FOR TEXT AMENDMENT

FEE ATTACHED \$ _____
 (see current fee schedule)

INSTRUCTIONS:

- A pre-application meeting with city staff is required. Date of pre-app 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 at City Hall at 418 E 2nd 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

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**

 Date

 Print Name

 Applicant's Signature

 Date

 Print Name

 Representative'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.

B. APPLICATION CONTENTS:

Attached ALL ITEMS MUST BE INCLUDED - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- One (1) printed copy and one (1) electronic copy of the application and supplemental materials.
- Specific text amendment language in standard code format
- Written description how the proposal meets the findings in Section D
- A map showing the location and boundaries of the property, if applicable
- 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.

C. REQUEST

- Zoning Text Amendment
- Subdivision Text Amendment

WHAT IS THE PROPOSED TEXT AMENDMENT?

WHAT IS THE PURPOSE OR INTENT OF THE PROPOSED TEXT AMENDMENT?

D. APPLICANT INFORMATION

APPLICANT:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

OTHER TECHNICAL/PROFESSIONAL:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

E. FINDINGS: The following criteria form the basis for approval or denial of the Zone Text Amendment. 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:

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: