



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

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

**GROWTH POLICY MAP AMENDMENT**

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

(See current fee schedule)

**INSTRUCTIONS:**

- A pre-application meeting with planning 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 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:**

Project Name: \_\_\_\_\_

Name of Architect Licensed in the state of Montana: \_\_\_\_\_

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 application and supplemental materials.
- Written description how the project meets the criteria in Section E
- Map showing the location and boundaries of the property
- Reduced site plan not to exceed 11" x 17"
- Where new buildings or additions are proposed, building sketches and elevations shall be submitted.
- 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. OWNER/APPLICANT INFORMATION**

**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: \_\_\_\_\_

**OTHER TECHNICAL/PROFESSIONAL:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**D. CURRENT LAND USE DESIGNATION:** \_\_\_\_\_

**PROPOSED LAND USE DESIGNATION:** \_\_\_\_\_

**E. FINDINGS:** The following criteria form the basis for approval or denial of the Growth Policy Map 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. How a specific error was made in the Growth Policy that necessitates an amendment to the map in order to preserve a property right or to preserve or achieve equal protection under the law.
  
  
  
  
  
  
  
  
  
  
2. How community conditions have changed to a degree that amendments to the map will help facilitate achieving the community goals and overall vision for Whitefish.
  
  
  
  
  
  
  
  
  
  
3. There is a clear, extraordinary community benefit in terms of achieving goals, resolving problems or issues, or furthering the realization of the Whitefish community vision.

**Additionally, describe the following:**

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

5. How the proposed change is compatible with the existing neighborhood.

6. Demonstrate the appropriateness of the proposed amendment location and a description of its proximity to other areas with a similar land use designation.

7. If this request is associated with proposed project, please provide conceptual plans.