



City of Whitefish
 418 E 2nd St | PO Box 158
 Whitefish, MT 59937
 Phone: 406-863-2460

File #: _____
 Date: _____
 Intake Staff: _____
 Date Complete: _____

SITE PLAN REVIEW

The purpose of the Site Plan Review meeting is to assist applicants in preparing their development applications for submittal to the City, to identify potential problems and to expedite development applications. These meetings are informal and provide a one-stop meeting with City departments responsible for development review. Staff will describe the type of application necessary and the review process. While staff will attempt to identify significant issues and concerns, staff will not conduct a detailed review of the proposed plan nor will staff identify all City regulations that may apply to the proposed plan. Plans presented at the Site Plan Review meeting are nonbinding and do not vest a project nor is the information provided an implied or conditional approval of the project. Submitted plans for site review are also available to the public through a public records requests.

INSTRUCTIONS:

- Site Plan Review is recommended for all new subdivisions, conditional use permit requests, new commercial uses or projects, multi-family proposals with four or more units and any other proposals that may benefit from being reviewed by city staff.
- Submit the completed application and appropriate attachments to the Whitefish Public Works Department **one (1) week** prior to the Site Plan Review meeting. Email to publicworks@cityofwhitefish.org
- The regularly scheduled meeting of the Site Plan Review Committee is weekly on Thursdays at 1:30PM in the City Hall Council Conference Room at 418 E 2nd Street, Whitefish MT.

A. PROJECT INFORMATION:

Project Name: _____
 Street 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. I acknowledge that I bear the burden of ensuring my proposed plan complies with all applicable City regulations. 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

**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: 4 (four) printed copies and an electronic copy of the application and supplemental materials inclusive of the following: Site Plan Review Application Required Information (Incomplete applications will not be accepted)

- Site Plan, drawn to a 1:20 scale, with *vicinity map*, shall include the following:
 - North Arrow
 - Scale
 - All property lines with dimensions
 - All existing improvements on property (streets, drives, structures, fences, driveways, sidewalks)
 - All proposed improvements, including new construction, parking, landscaping, fencing, sidewalks, driveways, refuse disposal, snow storage areas, lighting, drainage, and any other proposed changes to the property
 - All existing City utilities, utility easements, and adjacent rights-of-way
 - All proposed utilities mains, extensions, easements
 - Approximate locations of existing conifer trees 12" and over and deciduous trees 6" and over
 - Existing and proposed fire hydrant location(s) and/or any proposed fire code related features. If building being proposed is over two stories the Fire Department needs building elevations (all sides)

C. DESCRIPTION OF PROJECT:

D. 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: _____