



Development Services
Department
201 1st Avenue East
Kalispell, MT 59901
Phone (406) 758-7940

ZONING TEXT AMENDMENT

Email: planning@kalispell.com

Website: www.kalispell.com

Project Name

Property Address

NAME OF APPLICANT

Applicant Phone

Applicant Address

City, State, Zip

Applicant Email Address

If not current owner, please attach a letter from the current owner authorizing the applicant to proceed with the application.

OWNER OF RECORD

Owner Phone

Owner Address

City, State, Zip

Owner Email Address

CONSULTANT (ARCHITECT/ENGINEER)

Phone

Address

City, State, Zip

Email Address

POINT OF CONTACT FOR REVIEW COMMENTS

Phone

Address

City, State, Zip

Email Address

List ALL owners (any individual or other entity with an ownership interest in the property):

Legal Description (please provide a full legal description for the property and attach a copy of the most recent deed):

_____ Please initial here indicating that you have verified the description with the Flathead County Clerk and Recorder and that the description provided is in a form acceptable to record at their office.



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What is the proposed zoning text amendment? (if modifying an existing code section, please list the specific section - for example: Section 27.07.040(3))

What is the purpose or intent of the proposed text amendment?

HOW WILL THE PROPOSED CHANGE ACCOMPLISH THE INTENT AND PURPOSE OF (please attach additional sheets):

- a. Whether the new zoning was designed in accordance with the growth policy.
- b. Whether the new zoning will affect motorized and nonmotorized transportation systems.
- c. Whether the new zoning will secure safety from fire and other dangers.
- d. Whether the new zoning will promote public health, public safety and general welfare.
- e. Whether the new zoning includes the reasonable provision of adequate light and air.
- f. Whether the new zoning will facilitate the adequate provision of transportation, water, sewerage, schools, parks, and other public requirements.
- g. Whether the new zoning gives consideration to the character of the district and its peculiar suitability of the property for particular uses.
- h. Whether the new zoning was adopted with a view of conserving the value of buildings.
- i. Whether the new zoning will encourage the most appropriate use of land throughout the municipality.

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, I understand that any approval based thereon may be rescinded, and other appropriate action taken. The signing of this application signifies approval for the Kalispell City staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature

Date



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APPLICATION PROCESS

(application must be received and accepted by the
Kalispell Planning Department **35 days prior** to the
Planning Board Hearing)

A pre-application meeting with a member of the planning staff is required.

Application Contents:

1. Completed application form & attachments
2. A bona fide legal description of the subject property and a map showing the location and boundaries of the property.
*Note - verify with the Flathead County Clerk & Recorder that the legal description submitted is accurate and recordable. They can be reached at (406) 758-5526.
3. Electronic copy of the application materials submitted. Either copied onto a disk or emailed to planning@kalispell.com (Please note the maximum file size to email is 20MB)
4. Application fee based on the schedule below, made payable to the City of Kalispell:

<u>Amendment to zoning text</u>	<u>\$400</u>
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