



Development Services

Department

201 1st Avenue East

Kalispell, MT 59901

Phone (406) 758-7940

## ZONING TEXT AMENDMENT

**Email:** [planning@kalispell.com](mailto:planning@kalispell.com)

**Website:** [www.kalispell.com](http://www.kalispell.com)

Project Name	Property Address
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NAME OF APPLICANT	Applicant Phone
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Applicant Address	City, State, Zip
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Applicant Email Address
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*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
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Owner Address	City, State, Zip
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Owner Email Address
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CONSULTANT (ARCHITECT/ENGINEER)	Phone
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Address	City, State, Zip
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Email Address
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POINT OF CONTACT FOR REVIEW COMMENTS	Phone
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Address	City, State, Zip
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Email Address
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List **ALL** owners (any individual or other entity with an ownership interest in the property):

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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. Electronic copy of the application materials submitted. Either copied onto a disk or emailed to [planning@kalispell.com](mailto:planning@kalispell.com) (Please note the maximum file size to email is 20MB)
3. 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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