Planning Department

130 6TH STREET WEST
ROOM A
COLUMBIA FALLS, MT 59912

PHONE (406) 892-4391
FAX (406) 892-4413

PRELIMINARY PLAT AMENDMENT APPLICATION

(A pre-application meeting must be held prior to submittal)

Fee Submitted: $_____ **SEE FEE SHEET**

Project /Subdivision

Name:_____

Contact Person:

Name:_____

Address:_____

_____

Phone No.:_____

Owner & Mailing Address:

_____

_____

_____

_____

Date of Preliminary Plat Approval:_____
(The request must be submitted not less than six (6) months prior to expiration of preliminary plat.)

Type of Change Requested:

- ❒ Moving ingress or egress location(s).
- ❒ Rearranging five or more lots.
- ❒ Increasing the number of lots.
- ❒ Relocation of buildings, parking facilities or common areas.
- ❒ Deletion or substantial change to condition(s) of approval.
- ❒ Request a phasing plan approval or changing an existing plan.
- ❒ Other substantial changes to an approved preliminary plat.

Reason for Change:
Provide on a separate page information that accurately describes the desired amendment and reason for the change; include all necessary documents, maps and drawing.

I certify that all information submitted is true, accurate and complete. I understand that incomplete information will not be accepted and that false information will delay the application and may invalidate any approval.

_____ _____
Owner(s) Signature Date