



Planning Department

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

PHONE (406) 892-4391

FAX (406) 892-4413

FINAL PLAT AMENDMENT APPLICATION

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

Project / Subdivision Name: _____

Fee: SEE FEE SHEET

Contact Person:

Name: _____

Address: _____

Phone No.: _____

Owner & Mailing Address:

Date of Preliminary Plat Approval:

(The request must be submitted not less than six 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 final 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