Belgrade Department of Community and Economic Development

Application Zoning Code Appeal

The undersigned hereby makes an Appeal concerning the interpretation or administration of this zoning ordinance may be taken by any person aggrieved or by any officer or bureau of the City affected by any decision of the Community Development Department.

Appellant:
Appellant (Name of Person, Business or Organization):

_____

Appellant Mailing Address (Street, City, State and Zip Code):

_____

Appellant Phone #: _____ Appellant Email: _____

Agent Authorized to Act for Appellant (if applicable):
Agent (Name of Person, Business or Organization)

_____

Agent Mailing Address (Street, City, State and Zip Code)

_____

Agent Phone #: _____ Agent Email: _____

Property Owner of Affected Property:
Owner (Name of Person, Business or Organization):

_____

Owner Mailing Address (Street, City, State and Zip Code):

_____

Site address: _____

Section: _____ Township: _____ Range: _____ Block:_____ Lot/Tract/Parcel: _____

Subdivision/COS #/ Deed Reference: _____

Geocode #: 06 _____

Date of Decision being appealed: _____

Decision being appealed:
Please provide the section(s) of the City of Belgrade's Zoning Code concerning the interpretation or administration of this zoning ordinance:

_____

_____

_____

Thomas B. Quaw Square • 91 E. Central • Belgrade, MT 59714
Phone: (406) 388-3760

All of the following items must be included in order to have a complete application submission:

- Basis for the appeal in the nature of an initial brief and any evidence, including testimony, affidavits and the curriculum vitae of any expert witness that will be called (the brief must at a minimum state all grounds for the appeal, including but not limited to, the code being appealed and any facts necessary for interpretation of those codes).
- List of names, mailing addresses and labels of all property owners within 300 ft of the subject property in Avery 5160 Label Format, with **$10.00 per mailing required**.
- **Filing fee.**

****The application will not be considered until all required information and fee are submitted.****

I hereby certify that the above information is true and correct for the above described Appeal.

Signature of Applicant: _____ Date: _____

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me, by means of either ☐ physical presence OR ☐ online notarization,

on _____ day of _____, 20___, by _____
(PRINT NAME OF PERSON MAKING STATEMENT)

Who is ☐ personally known to me OR ☐ produced _____ as
(TYPE OF ID PRODUCED)

identification.

_____ _____
SIGNATURE OF NOTARY PUBLIC PRINT,TYPE OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC
MY COMMISSION EXPIRES:

Please submit the application package to:

Belgrade Community & Economic Development Department
91 E. Central
Belgrade, MT 59714

For Office Use Only

Date filed:_____Filing Fee:_____