CITY OF KALISPELL

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

ZONING MAP AMENDMENT

Email: planning@kalispell.com **Website:** www.kalispell.com

Project Name	**Property Address**
NAME OF APPLICANT	
Applicant Address	**City, State, Zip**
If not current owner, please attach a letter from the current owner authorizing the applicant to proceed with the application.	
OWNER OF RECORD	
Owner Address	**City, State, Zip**
CONSULTANT (ARCHITECT/ENGINEER)	
Address	**City, State, Zip**
POINT OF CONTACT FOR REVIEW COMMENTS	
Address	**City, State, Zip**

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

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

Before the application will be deemed to be accepted for review, our office must receive an approval of the legal description from the Flathead County Plat Room. Please submit the legal description to their office (plat@flatheadcounty.gov).

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Land in zone change (acres): _____

Present zoning of above property: _____ **Proposed zoning of above property:** _____

State the changed or changing conditions that make the proposed amendment necessary:

HOW WILL THE PROPOSED CHANGE ACCOMPLISH THE INTENT AND PURPOSE OF (attach separate sheet w/ answers):

a. Promoting the Growth Policy
b. Lessening congestion in the streets and providing safe access
c. Promoting safety from fire, panic and other dangers
d. Promoting the public interest, health, comfort, convenience, safety and general welfare
e. Preventing the overcrowding of land
f. Avoiding undue concentration of population
g. Facilitating the adequate provision of transportation, water, sewage, schools, parks and other public facilities
h. Giving reasonable consideration to the character of the district
i. Giving consideration to the peculiar suitability of the property for particular uses
j. Protecting and conserving the value of buildings
k. Encouraging the most appropriate use of land by assuring orderly growth

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 inorrect 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 Commission Hearing)

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

Application Contents:

1. **Completed application form & attachments**
2. **Petition for zone change signed by the real property owner(s).**
3. **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 Plat Room that the legal description submitted is accurate and recordable. They can be reached at (406) 758-5510.**
4. **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)**
5. **Application fee based on the schedule in the link below, made payable to the City of Kalispell**

   https://www.kalispell.com/DocumentCenter/View/447/Planning-Fees-Schedule-2023-PDF?bidId=