Planning Department
130 6TH STREET WEST
ROOM A
COLUMBIA FALLS, MT 59912
PHONE (406) 892-4391
FAX (406) 892-4413

PETITION FOR ZONING TEXT AMENDMENT

FILING FEE ATTACHED: $_____

NAME OF OWNER: _____

PHYSICAL ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

INTEREST IN PROPERTY: _____

NAME OF APPLICANT (If different from owner): _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

INTEREST IN PROPERTY: _____

TECHNICAL/PROFESSIONAL PARTICIPANTS:

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

WHAT IS THE PROPOSED ZONING TEXT AMENDMENT?

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WHAT IS THE PURPOSE OR INTENT OF THE PROPOSED TEXT AMENDMENT?

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HOW WILL THE PROPOSED CHANGE ACCOMPLISH THE INTENT AND PURPOSE OF:

A. Promoting the Growth Policy _____

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B. Lessening congestion in the streets and providing safe access _____

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C. Promoting safety from fire, panic and other dangers _____

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D. Promoting the public interest, health, comfort, convenience, safety and general welfare _____

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E. Preventing the overcrowding of land _____

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F. Avoiding undue concentration of population _____

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G. Facilitating the adequate provision of transportation, water, sewage, schools, parks, and other public facilities _____

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H. Giving reasonable consideration to the character of the district _____

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I. Giving consideration to the peculiar suitability of the property for particular uses

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J. Protecting and conserving the value of buildings _____

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K. Encouraging the most appropriate use of land by assuring orderly growth

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_____ _____

(Applicant Signature) (Date)

APPLICATION PROCESS

A. Pre-Application Meeting:

A discussion with the planning director or designated member of staff must precede filing of this application. Among topics to be discussed are: Growth Policy compatibility with the application, compatibility of the proposed zoning text amendment with the intent of and with the remainder of the zoning ordinance.

B. Completed application form. Payment of current fee