WOLF POINT PLANNING DEPARTMENT

ZONING AMENDMENT APPLICATION

201 4th Avenue South
Wolf Point, MT 59201
(406) 653.1852
wppublicworks@nemont.net

Application # _____ *(staff use only)* Submittal Date _____ *(staff use only)*

APPLICANT

Applicant Name _____ Applicant Address _____

Applicant Phone _____ Applicant Email _____

Property Owner *(if different)* _____ Owner's Email *(or phone #)* _____

PROPERTY *(request assistance from Planning Department if needed)*

Physical Address _____

Lot _____ Block _____ Section _____ Township _____ Range _____

Business Name *(if applicable)* _____ Subdivision Name *(if applicable)* _____

PROPERTY USE *(a narrative description is also required as part of your submittal regardless of type of use)*

Existing Use _____ Existing Zoning District _____

Proposed Use _____ Proposed Zoning District _____

If future development of the property is proposed, describe any changes to the property's physical condition.

Does this application include a text amendment to the Zoning Ordinance? _____ *de with submittal.*

SUBMITTALS

☐ Application ☐ Narrative of Proposed Amendment *(include code references where applicable)*

☐ Review Fee ☐ Site Plan *(refer to Zoning Ordinance Section 11.02.010.C for requirements)*

☐ Ownership Interest *(deed, title, etc.)*

APPLICANT AGREEMENT

Application fees are nonrefundable. Incomplete applications will be returned to the applicant. The issuance of an approval does not guarantee compliance with applicable building codes. The undersigned declares the above provided information is true and accurate, and that failure to provide accurate information may result in rejection of this application and/or possible revocation of the permit where wrongfully issued. Your signature below indicates that you understand these requirements and restrictions.

Applicant Signature _____ Date _____

WOLF POINT PLANNING DEPARTMENT

ZONING AMENDMENT APPLICATION continued...

STAFF USE ONLY

Date Board Recommendation Received

Date of Notice in Newspaper

Date of Notice of Adjacent Property Owners

Date Filed Date Paid Amount Paid

If waiver or fee adjustment was given, note details below:

BOARD DECISION

Date of 1st Public Hearing 2nd

Board Decision: Denied Approved Approved with Conditions *(see below)*

If the Zoning Amendment is approved with conditions, note all prescribed conditions below:

1.
2.
3.
4.
5.
6.
7.
8.
9.

If the Conditional Use is denied, note the justification below:

Board Chairman Signature Date