WOLF POINT PLANNING DEPARTMENT

ZONING APPEAL 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 #)* _____

APPEAL

Applicant requests review of the decision of Zoning Permit Application # _____ on _____

It is the applicant's contention that the following error was made in the determination: _____

SUBMITTALS

☐ Application ☐ Review Fee ☐ Narrative of Appeal *(written above or attached on separate paper)*

APPLICANT AGREEMENT

Application fees are nonrefundable. Incomplete applications will be returned to the applicant. 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 APPEAL 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 3rd

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

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

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

If the Appeal is denied, note the justification below:

Board Chairman Signature Date