

APPLICATION TO AMEND ZONING CODE

City of Three Forks, P.O. Box 187, Three Forks, MT 59752

Phone/Fax: (406) 285-3431

Date _____

The undersigned hereby makes application to amend the Three Forks Zoning Code or Map:

Name of Applicant _____ Phone No. _____

Address of Applicant _____

Email Address: _____

A. If a proposed change to Zone Classification complete the following:

1. Present Zoning _____ Proposed Zoning _____

2. Legal Description of land to be rezoned _____

(Use Additional Pages if Necessary)

B. If a proposed change to text complete the following:

1. Text to be changed is found in Section _____ or page _____

2. Change text to read: _____

3. Explain reason for proposed change: _____

Notes: Use additional pages if necessary.

Attach a current map drawn to scale showing all parcels of land included in the petition and the name of the owner of each parcel certified by the Tax Assessor of Gallatin County from the records in their office.

When applicable, attach a detailed site plan and vicinity map (drawn to scale).

FOR OFFICE USE ONLY

Filing Fee (\$500) _____

Zoning Board Hearing Date _____

Action Taken _____

City Council Hearing Date _____

Action Taken _____

Schedule Ordinance/Resolution Hearing _____

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

Applicant's Signature