

APPLICATION TO AMEND ZONING CODE  
CITY OF BELGRADE, MONTANA

Telephone: (406) 388-4994 (Planning Office) Date \_\_\_\_\_ 19\_\_

To the Planning Director:

The undersigned hereby makes application to rezone\_\_\_\_or  
amend\_\_\_\_the Belgrade Area Zoning Code as set forth herein

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address of Applicant \_\_\_\_\_

If a proposed change in Zone Classification complete the  
following:

1. Present Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

2. Legal description of land to be rezoned \_\_\_\_\_

(Use Additional Pages if Necessary)  
3. Explain reasons for proposed rezoning \_\_\_\_\_

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: \_\_\_\_\_

Applicant \_\_\_\_\_

|                              |
|------------------------------|
| For Office Use Only          |
| Filing Fee (\$100) _____     |
| Planning Board Hearing _____ |
| Action Taken _____           |
| City Council Hearing _____   |
| Action Taken _____           |

When applicable attach vicinity sketch (drawn to scale) showing area on paper not larger than 24"x24"