

City Special Review Pre-Application Statement of Owner(s) or Agent(s)

The owner(s), contract purchasers (if any) and agents (if any) are required to submit this completed form and any attachments along with a completed Special Review application packet, including any required fees, for a **Special Review** to be processed by the Planning Division.

1. Present Zoning: _____
2. Written description of the Special Review including existing conditions and proposed development: _____
3. Subject Property Map: please attach to this form
4. Legal Description of Property: _____
5. Neighborhood Task Force Area: Yes // No . If Yes, Name of Task Force and mailing address of Chairperson: _____
6. Roster of persons who attended the pre-application neighborhood meeting: please attach to this form
7. A copy of the meeting notice. please attach to this form
8. A brief synopsis of the meeting results including any written minutes or audio recording. please attach to this form
9. The undersigned affirm the following:
 - 1) The pre-application neighborhood meeting was held on the ____, day of _____, 20__.
 - 2) The Special Review application is based on materials presented at the meeting.

Owner (s): _____ Telephone: _____

Address: _____ Email: _____

Agent (s): _____ Telephone: _____

Address: _____ Email: _____

CITY SPECIAL REVIEW**CITY SPECIAL REVIEW APPLICATION FORM**

City Special Review# _____ - Project # _____

The undersigned as owner(s) of the following described property hereby request a Special Review as outlined in the City of Billings Zoning Regulations.

Present Zoning: _____

Special Review Requested: _____

TAX ID# _____ **CITY ELECTION WARD #** _____

Legal Description of Property: _____

Address or General Location (If unknown, contact City Engineering): _____

Size of Parcel (Area & Dimensions): _____

Present Land-Use: _____

*** Additional information may be required as determined by the Zoning Coordinator in order to fully evaluate the application.

Owner(s): _____
(Recorded Owner)_____
(Address)_____
(Phone Number)_____
(email)

Agent(s): _____

(Name)

(Address)_____
(Phone Number)_____
(Email)

I understand that the filing fee accompanying this application is not refundable, that it pays for the cost of processing, and that the fee does not constitute a payment for a Special Review. Also, I attest that all the information presented herein is factual and correct.

Signature: _____ Date: _____
(Recorded Owner – digital signature allowed)