

## **CITY ZONE CHANGE Pre-Application Statement of Owner(s) and 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 zone change application packet, including any required fees, for a zone change to be processed by the Planning Division.

1. Present Zoning: \_\_\_\_\_
2. Written description of the Zone Change Plan including existing and proposed new zoning:  
\_\_\_\_\_
3. Legal Description of Property:  
\_\_\_\_\_
4. Neighborhood Task Force Area: Yes // No . If Yes, Name of Task Force  
\_\_\_\_\_
5. Roster of persons who attended the pre-application neighborhood meeting: please attach to on line application
6. A brief synopsis of the meeting results including any written minutes or audio recording.  
please attach to on line application
7. The undersigned affirm the following:
  - 1) The pre-application neighborhood meeting was held on the \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_.
  - 2) The zone change application is based on materials presented at the meeting.

Owner (s):

\_\_\_\_\_ Telephone: \_\_\_\_\_

Address:

\_\_\_\_\_ Email: \_\_\_\_\_

Agent (s):

\_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Complete this form and upload to your on-line Zone Change application

## CITY ZONE CHANGE APPLICATION FORM

**CITY ZONE CHANGE** Billings Zone Change #\_\_\_\_\_ Project #\_\_\_\_\_

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

Present Zoning \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

PARCEL TAX ID# \_\_\_\_\_ CITY ELECTION WARD \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

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

Size of Parcel (Area square feet or acres): \_\_\_\_\_

Present Land-Use: \_\_\_\_\_

Proposed Land-Use: \_\_\_\_\_

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

Owner(s) \_\_\_\_\_

(Record 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 Zone Change. Also, I attest that all the information presented herein is factual and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Record Owner – Digital Signature Allowed)