

## **YELLOWSTONE COUNTY**

### **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 on-line and any attachments along with a completed zone change application form, 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 square footage or acres of proposed new zoning:  
\_\_\_\_\_  
\_\_\_\_\_
3. **Subject Property Map:** please attach to this form
4. **Legal Description of Property:** \_\_\_\_\_  
\_\_\_\_\_
5. **Roster of persons who attended the pre-application neighborhood meeting:** please attach to this form
6. **A copy of the meeting notice.** please attach to this form
7. **A brief synopsis of the meeting results.** please attach to this form
8. **The undersigned affirm the following:**
  - a) The pre-application neighborhood meeting was held on the \_\_\_\_, day of \_\_\_\_\_, 20\_\_.
  - b) The zone change application is based on materials presented at the meeting.

**Owner (s):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**Agent (s):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

## COUNTY APPLICATION FORM

**COUNTY** ZONE CHANGE    **County** Zone Change # \_\_\_\_\_ - Project # \_\_\_\_\_

The undersigned as owner(s) of the following described property hereby request a Zone Change as outlined in the Yellowstone County Unified Zoning Regulations.

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

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

Property Tax ID # \_\_\_\_\_ COUNTY COMMISSIONER DISTRICT # \_\_\_\_\_

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

Address or General Location (If unknown, contact County Public Works): \_\_\_\_\_

Size of Parcel (Area & Dimensions): \_\_\_\_\_

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)