

APPLICATION FORM

CITY ZONE CHANGE Billings Zone Change # _____ - Project # PZX-23-00141

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 RR1

Proposed Zoning: NB

TAX ID# C02386 CITY ELECTION WARD _____

Legal Description of Property: BLUE CREEK ACREAGE SUBS S28, T01S R26E LOT 7

Address or General Location (If unknown, contact City Engineering): 2449 BLUE CRK RD

Size of Parcel (Area & Dimensions): 2.804 ACRES

Present Land-Use: AGRICULTURAL

Proposed Land-Use: RESIDENTIAL W/ AGRICULTURAL

Covenants or Deed Restrictions on Property: Yes No _____

If yes, please attach to application

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

Owner(s): ANDREW K BOETTICHER & MICHELLE SPENNY

(Recorded Owner)

2535 GLENGARRY CT BILLINGS MT 59101

(Address)

406-697-1077

(Phone Number)

aboetticher@charter.net

(email)

Agent(s): _____

(Name)

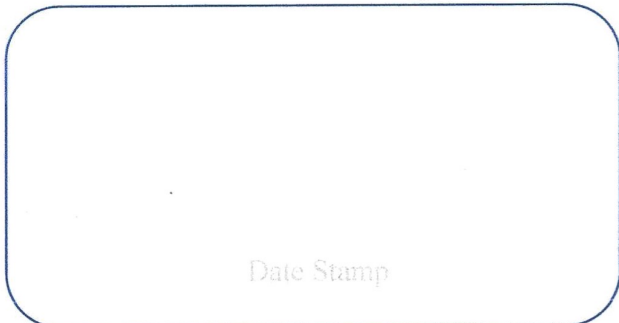
(Address)

(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: [Signature] Date: 7/25/2023
(Recorded Owner)



Date Stamp