

CITY ZONE CHANGE APPLICATION FORM

CITY ZONE CHANGE Billings Zone Change # 1075 Project # 25-00203

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: SUNNY COVE FRUIT FARMS, S31, T01 N, R25 E, Lot 67A1, AMD (25)

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)