

\*Application is filled out by applicant and not altered by staff\*

**CITY ZONE CHANGE APPLICATION FORM**

**CITY ZONE CHANGE** Billings Zone Change # \_\_\_\_\_ Project # 26-00056

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 N4 (county)

Proposed Zoning: N3 - Suburban Neighborhood

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: residential

Proposed Land-Use: residential

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

Owner(s) Steve - Nadine Blazierich  
(Record Owner)

1039 Lincoln Lane Billings mt 59105  
(Address)

406 861 6753  
(Phone Number)

Nadine Blaz@gmail.com  
(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: Nadine Blazierich Date: 3-16-26  
(Record Owner - Digital Signature Allowed)

**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:** N4 - Large Lot Residential

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 14, day of mar. 2026

2) The zone change application is based on materials presented at the meeting.

Owner (s):

Steve - Nadine Blazier Telephone: 406 861-6753

Address:

1039 Lincoln Lane Email: Nadineblaz@gmail.com

Agent (s):

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

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

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