

CITY OF POLSON Planning & Building Department 106 1st Street E. | Polson, MT 59860 T: 406-883-8214 | F: 406-883-8238 E: bp@cityofpolson.com W: www.cityofpolson.com

Date Rec'd	:
Fee:	
ZA #:	

NOTICE OF APPEAL APPLICATION

FEE SCHEDULE: Notice of Appeal Fee \$600; plus \$12 per address for adjoining landowner notifications.

PURPOSE & PROCEDURE: Any decision of the administrator may be appealed to the Board of Adjustment. An appeal must go through a public hearing process with the Board of Adjustment (refer to page 3 for procedure flow chart).

OWNER(S) OF RECORD:				
Name:		Phone #:		
Mailing Address:				
City:	State:	Zip code:		
PERSON(S) AUTHORIZED TO REPRESENT THE OWNER(S) AND	TO WHOM ALL C	ORRESPONDENC	E IS TO BE SENT:	
Name:	Phone #:			
Mailing Address:				
City:	State:	Zip code:		
LEGAL DESCRIPTION OF PROPERTY:				
Street	Sec.	Township	Range	
Address:	No		No	
Subdivision	Tract	Lot	Block	
Name:	No(s)	No(s)	No	
2. Describe the reasons this decision should be reversed	d:			

SUBMITTAL REQUIREMENTS:

- 1. A dimensioned site plan, drawn to scale, showing all existing improvements (buildings, utilities, driveways and parking areas, trees and landscaping) on both the subject property and adjacent parcels. The site plan must also include adjacent right-of-ways and any easements. If the variance request involves signs, complete drawings of the signs must be submitted. If the variance request is to exceed the allowable building height, building elevation drawings are required.
- 2. A copy of the deed for the property.
- 3. Additional information may be necessary based on the specific zoning appeal.
- 4. Application fee and adjoining landowner addresses fee.
- 5. A certified list of all property owners within 150 feet of the subject property is required with the information listed below.

Assessor No. Sec-Twn-Rng Lot/Tract No. Property Owner & Mailing Address

In reviewing the application and materials submitted by the applicant, the City of Polson may determine that it may require extraordinary review and incur additional, expenses, costs and staff time on behalf of the applicant. The staff will advise the applicant of anticipated additional time and anticipated costs, including expenses for outside consultants, prior to incurring the same. The applicant is expected to pay such anticipated costs and hereby waives all statutory or ordinance time frames imposed upon the City until such fees and costs are paid.

During the course of review of the application and after final determination by the City of Polson, the Owner/Developer hereby agrees to hold the City of Polson harmless from all claims, expenses, costs and attorney's fees that may arise as a result of the actions or process taken by the Owner/Developer. This "hold harmless" responsibility does not indemnify the City from its acts of negligence, violation of codes or ordinances, or defense of its codes or ordinances.

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be untrue, I understand that any approval based thereon may be rescinded, and other appropriate action taken. The signing of this application signifies approval for the Polson Planning staff to be present on the property for routine monitoring and inspection during the approval and development process.

(Applicant)

(Date)

Administrative Appeal Process Flow Chart*

