

CITY HALL  
115 W. 1<sup>ST</sup> ST.  
PLANNING: 628-4796  
WATER OFC.: 628-7431  
COURT: 628-1964  
FAX 628-2241

# City Of Laurel

P.O. Box 10  
Laurel, Montana 59044



Office of the City Planner

## Zone Change Application Information Sheet

This is an application for a zoning amendment/change to the official zoning map and/or ordinance for the City of Laurel and its surrounding Zoning Jurisdiction. Such Applications to re-zone are considered first by the Laurel City-County Planning Board, which acts as the Zoning Commission, whose recommendations are then transmitted to the City Council for a final decision.

### General Notes:

1. All Questions must be answered fully.
2. Information must be written or typed legibly.
3. Supporting documents may be attached as needed.
4. Applications not filled completely or properly will not be accepted.
5. Attaching site plans or related construction plans are helpful for zone changes on properties with new construction.
6. Photographs or other site images are helpful during the review process.

### Required Documents:

1. Completed Application Form
2. 300-foot radius map of property under consideration for Zone Change. (Satellite, Plat, Survey, or site plan acceptable)
3. Organized, typed list and/or set of 3 (three) mailing labels for all property owners of record within 300-feet of the property under consideration for the Zone Change.
4. Letter stating the justification and reason for the Zone Change, including proposed use of the property.
5. Copies of any Covenants and/or deed restrictions on the property.
6. Zone Change Application Fee. (As specified in the Laurel Schedule of Fees)

### Overview of the Zone Change Process:

1. The Applicant shall meet with the Planning Director to discuss the zone change, the zone change process, and the required documentation prior to the submittal of a completed application for zone change.

2. The Applicant shall submit the application form, zone change fee, addresses, maps, and any other supporting documents to the Planning Department at least 30 days prior to the Planning Board meeting at which it will be reviewed.
3. City Staff will notify the Applicant of any missing information in the Application.
4. City Staff will place the complete and sufficient Zone Change Application on the agenda of the next available Planning Board meeting.
5. City Staff will place a public hearing notice in a newspaper of record at least 15 (fifteen) days prior to the public hearing. City Staff will also mail public hearing notices to all property owners of record within 300 feet of the property at least 15 days prior to the public hearing.
6. The Planning Board, acting as the Zoning Commission, will hold a Public Hearing on the Zone Change. During the hearing, the applicant shall present their item and provide any additional information to the Planning Board. The Planning Board will also decide to approve or deny the Zone Change request.
7. City Staff will forward the recommendation of Planning Board to the Laurel City Council for their final decision.
8. Laurel City Council will hold a Public Hearing on the Zone Change Application.
9. Laurel City Council will decide to either approve or deny the zone change request.
10. City staff will work with the City Attorney to determine if an update to the Zoning Ordinance is required.
11. City staff will work with the applicable Yellowstone County Departments to ensure all zoning maps and mapping information is updated after the Zone Change occurs.

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## Zone Change Request

The Undersigned as owner or agent of the following described property requests a Zone Change as outlined in the City of Laurel Zoning Ordinance.

Current Zoning District (if zoned): \_\_\_\_\_

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

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

\_\_\_\_\_

Address or General Location: \_\_\_\_\_

### Owner(s)/Applicant(s):

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Agent(s)/Representative(s):

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Purpose/Reason for Zone change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the application fee accompanying this application is non-refundable, that it pays the cost of processing, and that the fee does not constitute a payment for a zoning change approval. I further certify that all the information presented on this application and its supporting documentation is true and correct.

Owner/Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent and/or Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_