



**City of Whitefish**  
 Planning & Building Dept  
 418 E 2<sup>nd</sup> St | PO Box 158  
 Whitefish, MT 59937  
 Phone: 406-863-2410

File #: \_\_\_\_\_

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

Intake Staff: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Acct #: 1000 101000 341065

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

**ARCHITECTURAL REVIEW RE-PAINTING NEW COLOR APPLICATION**

**FEE ATTACHED \$** \_\_\_\_\_

(see current fee schedule)

**A. APPLICANT:**

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

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

City, State, Zip: \_\_\_\_\_

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

**B. STREET ADDRESS:** \_\_\_\_\_

**C. SUBMITTAL REQUIREMENTS:**

- Photos of Existing Building and Neighboring Buildings – attach photos to this form
- Paint Color Samples – attach in boxes below

BODY COLOR

TRIM COLOR

Review Criteria: "Exterior finish building materials shall be of a nature in color and texture that is complimentary with the structures within each building district. They shall not clash, detract or conflict with adjacent architecture."

Owner's Signature\*\* \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

\*\*May be signed by the applicant or representative, authorization letter from owner must be attached. If there are multiple owners, a letter authorizing one owner to be the authorized representative for all must be included.

----- For City Staff Use Only -----

Approved

Approved with conditions: \_\_\_\_\_

Denied