

Date Stamp:

CITY OF GREAT FALLS  
PLANNING & COMMUNITY DEVELOPMENT DEPT.  
P.O. BOX 5021, GREAT FALLS, MT, 59403 5021  
406.455.8430 • WWW.GREATFALLSMT.NET

# DESIGN WAIVER APPLICATION

**Name of Project (if applicable):**

**Project Address:**

**Applicant/Owner Name:**

**Mailing Address:**

**Phone:**

**Email:**

**Representative Name:**

**Phone:**

**Email:**

## LEGAL DESCRIPTION:

**Lot/Block/Subdivision:**

**Section/Township/Range:**

## JUSTIFICATION OF PROPOSED WAIVER(S): (ATTACH ADDITIONAL INFO AS REQUIRED)

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**Applicant/Owner's Signature:**

**Date:**

I, \_\_\_\_\_, Director of Planning and Community Development, hereby approve the above Design Waiver request.

**Director Approval Signature:**

**Date:**