



# Petition for Reduction of Arterial Construction Fee Assessments

The City Council adopted Ordinance 05-5322 on April 11, 2005, in part to provide relief to commercially zoned properties being used as owner-occupied single family residences. The ordinance states *“The City Council may provide an exemption to commercially zoned properties that are currently owner-occupied solely as a single-family residence. The property owner must annually request the exemption through the Public Works Department by August 31 of each year.”* The City Council adopted Ordinance 08-5478 on September 22, 2008, that also allows Residential Manufactured Home (RMH)-zoned property owners to petition for a reduction of their arterial construction fee assessments if their parcel is being used solely as an owner-occupied single family residence. The relief in both of these situations may be in the form of capping the parcel square footage at 9,600 square feet and calculating the assessment based on R-9600 zoning rates instead of commercial or RMH zoning rates. These ordinance changes are not retroactive.

If your property meets the criteria above, and you wish to petition the City Council for a reduction of your Arterial Construction Fee assessments, please complete this form and return it to the Public Works Department, 2251 Belknap Ave, Billings, MT 59101 **by August 31.**

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Date \_\_\_\_\_ Tax Code # \_\_\_\_\_ Taxable Year \_\_\_\_\_

Parcel street address \_\_\_\_\_

Parcel legal description \_\_\_\_\_  
\_\_\_\_\_

Parcel zoning classification \_\_\_\_\_

***By signing below, I certify that I own the parcel identified above, that it is my primary residence, that I use the parcel solely as a single-family residence, and that all information provided on this form is true and correct. I understand that if the information supplied on this form is found to be false, I agree to pay back to the City of Billings the amount of the reduction to the Arterial Construction Fees on this parcel as a result of the false information PLUS penalty and interest. I further understand that I must annually apply for a reduction to the arterial construction fee assessment by August 31 of each year. I agree to notify the Billings Public Works Department immediately should any information provided on this form change.***

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Name (print legibly) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number (optional) \_\_\_\_\_