



APPLICATION AMENDMENT FORM

ARM 36.12.1401
Form No. 655 (Revised 01/2024)

Application # _____

Rec'd Date _____

INFORMATION

Use this form to modify an element of a permit or change application.

An applicant may modify an element of a permit or change application prior to the department's issuance of a draft preliminary determination. If the draft preliminary determination is to deny or to grant with modifications, the applicant may modify their application after the draft preliminary determination has been issued, only if they have been granted an extension of time under §85-2-307, MCA, and may only modify it one time under this provision (ARM 36.12.1401).

Modification of an element will reset the statutory timelines for application processing identified in §85-2-302 and -307, MCA. If the applicant completed a preapplication meeting and the modification does not require the department to update its technical analyses, the reduced preapplication timelines shall still apply. If the applicant completed a preapplication meeting and the modification requires the department to update any of its technical analyses, the reduced preapplication timelines shall no longer apply. In addition to resetting timelines, the priority date of a permit application will be changed to the date the last modification was made if a modification changes the nature or scope of the permit application information (ARM 36.12.1401).

Application Number _____

Applicant Name _____

Name of individual completing Form, (*If other than applicant*)

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

I am amending the following elements: (*please check all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Purpose | <input type="checkbox"/> Period of diversion |
| <input type="checkbox"/> Point of diversion | <input type="checkbox"/> Period of use |
| <input type="checkbox"/> Place of use | <input type="checkbox"/> Volume |
| <input type="checkbox"/> Flow rate | <input type="checkbox"/> Other: _____ |

Describe in detail the proposed amendment(s) checked above. Use additional sheets if necessary.

I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct.

Printed Name _____

Applicant / Representative Signature _____ **Date** _____

Printed Name _____

Applicant / Representative Signature _____ **Date** _____

NOTE: Form must be signed by the applicant or an individual with legal power of attorney representing applicant