



# Flathead County

## Planning & Zoning

1035 1<sup>st</sup> Ave W, Kalispell, MT 59901  
Telephone 406.751.8200 Fax 406.751.8210

### CANYON AREA LAND USE REGULATORY SYSTEM APPLICATION FOR MAJOR LAND USE REVIEW

*Submit this application, all required information, and appropriate fee (see current fee schedule)  
to the Planning & Zoning office at the address listed above.*

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

#### OWNER(S) OF RECORD:

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

Mailing Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

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

#### PERSON(S) AUTHORIZED TO REPRESENT THE OWNER(S) AND TO WHOM ALL CORRESPONDENCE IS TO BE SENT:

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

Mailing Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

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

#### LEGAL DESCRIPTION OF PROPERTY *(Refer to Property Records):*

Street Address \_\_\_\_\_

City/State & Zip \_\_\_\_\_

Assessor's Tract No.(s) \_\_\_\_\_ Lot No.(s) \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

1. Middle Canyon Region \_\_\_\_\_  
Upper Canyon Region \_\_\_\_\_

2. Describe proposed use: \_\_\_\_\_

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

#### 3. Attach a plan (drawing) of property showing the following:

- Surrounding land use (usually within 300 feet).
- Dimension and shape of lot.
- Topographic features of lot.
- Water courses, drainages, wetlands.
- Size, location and use of existing buildings, open areas, etc.

- f. Size, location and use of proposed buildings, open areas, etc.
  - g. Roads, driveways, proposed parking.
4. **On a separate sheet of paper, discuss how each of the following will be addressed (if applicable to this project).**
- a. Traffic flow.
  - b. Access off main road.
  - c. Parking and loading plan.
  - d. Refuse/garbage.
  - e. Utilities (telephone, electric)
  - f. Screening, fencing, landscaping.
  - g. Sewer, water and drainage.
  - h. Signs (size, design, location)
  - i. Hours of operation, # of employees
  - j. Noise, light, dust, fumes created by use.
5. **Please attach any additional information which may have been requested at the pre-application meeting or which is necessary to further understand the project.**

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, I understand that any approval based thereon may be rescinded, or other appropriate action taken. The signing of this application signified approval for F.C.P.Z. staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS FOR MAJOR LAND USE APPLICATION FORM:**

*Major land use review is required and allowed only for those new or expanding uses specifically listed as "Major Land Uses" in Chapter 6 when not specifically exempted or subject to Minor Land Use Review. Review and recommendation to the County Commissioners shall be submitted by the Planning Board. The authority to approve, conditionally approve or deny a "major land use action" is that of the Board of County Commissioners.*

1. A pre-application conference with the Flathead County Planning & Zoning staff is required prior to the submission of an application.
2. Submit completed application with the appropriate fee.
3. An 'Adjoining Property Owners List' request form must be submitted with the application, with a separate fee, (*see form below*). The list will be sent directly to the Planning & Zoning office. This list is valid for a period of 6 months from the date generated. You may also get a certified adjoining landowners list from a title company if you choose.
4. The basis for review of this application is based on performance standards and performance guidelines as found in Chapters 4 and 5 of the Canyon Area Land Use Regulatory System adopted by Flathead County, Resolution #1049A.
5. This application will be forwarded to the Middle Canyon Land Use Advisory Committee (if applicable) for their review and comment.
6. The Flathead County Planning Board will hold a public hearing on this issue. A recommendation is forwarded to the County Commissioners for final action.
7. Approval, conditional approval, or denial of the application by the Commissioners within the applicable review period.



1035 First Ave West  
 Kalispell, MT 59901  
 OFFICE 406.751.8200  
 EMAIL [planningweb@flathead.mt.gov](mailto:planningweb@flathead.mt.gov)  
 WEB [flathead.mt.gov/planning\\_zoning](http://flathead.mt.gov/planning_zoning)

**Certified Ownership List Request Form**  
 Must be filled out by the Planning Office, Surveyor, or Engineer

SUBJECT PROPERTY OWNER	
SUBJECT PROPERTY ASSESSOR #	
SUBJECT PROPERTY LEGAL DESCRIPTION	
SEC-TOWNSHIP-RANGE	
BUFFER FOOTAGE	
CONTACT PERSON	
CONTACT PHONE #	
TODAY'S DATE	
PICK UP DATE	
SPECIAL HANDLING INSTRUCTIONS	
PLANNER, SURVEYOR OR ENGINEER SIGNATURE	

Orders can be submitted in the Planning and Zoning Department via mail or email ([planning.zoning@flathead.mt.gov](mailto:planning.zoning@flathead.mt.gov)).

Certified Ownership List – completed within 1 week from receipt of payment	\$75.00
Certified Ownership List Rush – completed within 48 hours from receipt of payment	\$150.00



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## CUSTOMER SERVICE SURVEY

Our mission is to provide you with the best possible service. Please help us serve you and others better by taking a few minutes to answer the questions below. Our office genuinely appreciates your time and your feedback.

**What was the nature of your contact with us?** (Please check all that apply)

- General Information
- Permitting (Lakeshore, Floodplain, Zoning, Subdivision)
- Pre-application Conference
- Other \_\_\_\_\_

<b>Please Check as Appropriate:</b>					
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Comment</b>
Staff was courteous and helpful					
Staff provided accurate information to me					
Staff response was considerate of my time					
My overall experience was positive					
<b>Please complete the section below if your contact with us involved permitting:</b>					
The permitting process was understandable					
The regulations were understandable					
Application instructions were understandable					
Terms and conditions of the permit were understandable					

We provide opportunities for staff to be recognized for exemplary customer service. Please indicate the names of any staff person(s) you would like to commend:

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If you feel we fell short in meeting your service expectations, please describe the situation including the name of the staff person involved (if applicable) and the date the incident occurred:

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As a result of your experience with us, what service-related improvement(s) can you recommend?

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**Contact Information (Optional)**

Your name: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

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

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

**Please hand deliver, email, fax or mail form to:**

Flathead County Planning and Zoning  
1035 First Avenue West, Ste C200  
Kalispell, MT 59901  
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