



Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

CANYON AREA LAND USE REGULATORY SYSTEM APPLICATION FOR MINOR 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: _____

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

Name: _____ Phone: _____
Mailing
Address: _____ City, State & Zip: _____

LEGAL DESCRIPTION OF PROPERTY (Refer to Property Records):

Physical
Address: _____ S _____ T _____ R _____
Subdivision
Name: _____ Tr No.(s) _____ Lot No.(s) _____ Blk No. _____

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.
- Size, location and use of proposed buildings, open areas, etc.
- 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).

- Traffic flow.
- Access off main road.
- Parking and loading plan.
- Refuse/garbage.
- Utilities (telephone, electric)
- Screening, fencing, landscaping.
- Sewer, water and drainage.
- Signs (size, design, location)
- Hours of operation, # of employees
- 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in connection with this application be incorrect or untrue, I understand that any approval based thereon may be rescinded or other appropriate action taken.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 FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature: _____ Date: _____

INSTRUCTIONS FOR MINOR LAND USE APPLICATION FORM

Minor land use review is required and allowed only for those new or expanding uses specifically listed as "Minor Land Uses" in Chapter 6 when not specifically exempted or subject to Major Land Use Review. The Minor Land Use Review procedure allows for a 30-day review period. The review, evaluation and authority to approve a "minor land use action" is delegated to the Administrator. Minor Land Use Review is authorized under 76-2-207 M.C.A.

1. **Step 1. Pre-application Conference.**

Application for Minor Land Use Review may be filed by the applicant following a pre-application conference with the Administrator or his/her representative. Pre-application conferences shall be arranged by the applicant. The applicant shall submit a sketch plan as the basis for discussion at the pre-application conference.

The purpose of the pre-application conference is to be sure the applicant understands the requirements of the System as they affect the proposed project, to provide technical assistance and to answer questions. The pre-application conference is a service to the public, not a regulatory proceeding.

2. **Step 2. Filing the Application.**

After the pre-application conference, the applicant may file an application and processing fee with the Administrator.

3. **Step 3. Review and Evaluation.**

The Administrator shall record a review and evaluation of the application and proposed project. This evaluation describes the compliance or deviation with the performance standards of this review system. This review and evaluation will be completed in 30 days. Failure to respond will be deemed an approval.

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.

4. **Step 4. Decision on Review Approval.**

Approval of the proposed land use change relies upon the compliance with each of the pertinent performance standards.

5. **Step 5. Communication to Applicant.**

A copy of the evaluation record and decision of the Administrator shall be transmitted to the applicant.

6. **Step 6. Appeal.**

In the event that the Applicant does not receive a finding of conformance, an appeal may be made by the applicant to the Board of County Commissioners as per the process for Major Land Use Review.



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 WEB flathead.mt.gov/planning_zoning

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 _____

Please Check as Appropriate:					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment
Staff was courteous and helpful					
Staff provided accurate information to me					
Staff response was considerate of my time					
My overall experience was positive					
Please complete the section below if your contact with us involved permitting:					
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:

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:

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

Contact Information (Optional)

Your name: _____

Email: _____ Daytime phone: _____

Mailing address: _____

Date submitted: _____

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

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