



Flathead County

Planning & Zoning

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

CONDITIONAL USE PERMIT APPLICATION¹

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 \$ 700⁰⁰

PROPOSED USE (as described in the Flathead County Zoning Regulations):

Home occupied Business (HVACR)

OWNER(S) OF RECORD:

Name: Justin + Julie Ogle Phone: 406-260-8963
Mailing Address: PO Box 607
City, State, Zip Code: Kila MT 59920
Email: Ogle Heating @ yahoo.com

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

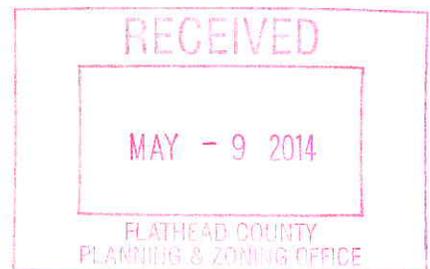
Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip Code: _____
Email: _____

LEGAL DESCRIPTION OF PROPERTY (Refer to Property Records):

Street Address: 736 Green Ridge DR S 16 T 28N R 21W
Subdivision Name: School add Tract No(s). _____ Lot No(s). 3 Block No. 1

- Zoning District and Zoning Classification in which use is proposed (EXAMPLE: Bigfork Zoning District, SAG-5 zoning classification):**
R-1
- Explain how the proposed use meets all of the required criteria below. ALL CRITERIA MUST BE DISCUSSED. If criteria are not applicable, please explain why. Attach drawings, additional text, site plans, and any other documents that will assist staff in reviewing the proposed use. The more information you can provide, the easier it is for staff to review the application. Please discuss:**

¹ Revised: 06/11/12



A. Site Suitability.

The site is suitable for the use. This includes:

- (1) adequate usable space

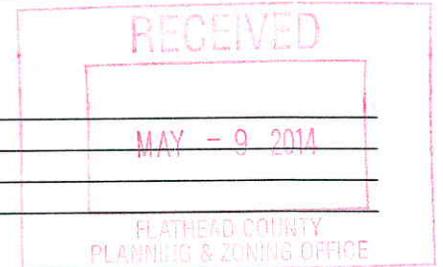
Use a portion of existing Building
for House, Garage and Shop for Business
Equipment with plans of new House
in future

- (2) adequate access

Driveway off Greenridge and 100 yards
off Willow Glen

- (3) absence of environmental constraints

None



B. Appropriateness of Design.

The site plan for the proposed use will provide the most convenient and functional use of lot. Consideration of design should include:

- (1) parking scheme

Business Parking inside fenced-in area

- (2) traffic circulation

No large groups of cars at one time

- (3) open space

as is until House built

- (4) fencing, screening

Privacy Fencing around parking area

(5) landscaping

possible trees, shrubs, and personal
Fire pit

(6) signage

No signs proposed at this time

(7) lighting

Outside lighting at entry doors on at
night and light above garage door
will only be on when door open

C. Availability of Public Services and Facilities

The following services and facilities are to be available and adequate to serve the needs of the use as designed and proposed:

(1) sewer

septic for house

(2) water

well

(3) storm water drainage

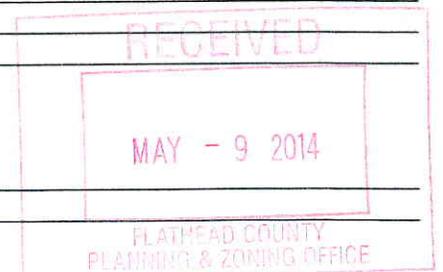
Nothing new

(4) fire protection

South Kalispell

(5) police protection

Flathead county



(6) streets

Green Ridge Dr / Willow Glen

D. Immediate Neighborhood Impact

The proposed use will not be detrimental to surrounding neighborhoods in general. Typical negative impacts which extend beyond the proposed site include:

(1) excessive traffic generation

No more than 8 vehicle Traffic :
(other than personal)

(2) noise or vibration

all noise would be inside Building
with doors closed and with insulated
property. Neighbors will most likely not
be able to hear work being done in shop

(3) dust, glare or heat

Minimal Driveway Dust no glare or heat
other than from existing building

(4) smoke, fumes, gas, or odors

None

(5) inappropriate hours of operation

operating HRS 7:30^{AM} - 6:00 PM

3. The following proposed uses shall meet additional requirements, known as "Conditional Use Standards" as outlined in Chapter 4 the Flathead County Zoning Regulations and require consultation with a staff planner PRIOR to application submittal:

- 4.01 Animal Hospitals, Kennels, Animal Shelters, Veterinary Clinics
- 4.02 Bed and Breakfast Establishments/Boarding Houses
- 4.03 Camp or Retreat Center
- 4.04 Caretaker's Facility in AG, SAG, and R-1 Districts
- 4.05 Cluster Housing Development in Residential Districts



- 4.06 Commercial Caretaker's Facility in B-2, B-3, I-1, I-1H, and I-2 Districts
- 4.07 Contractors Storage Yard in AG and SAG Districts
- 4.08 Day Care Centers- 13 or More Individuals
- 4.09 Electrical Distribution Stations
- 4.10 Extractive Industries
- 4.11 Family Hardship Dwellings
- 4.12 Manufactured Home Parks
- 4.13 Mini-Storage, Recreational Vehicle Storage
- 4.14 Motor Coach Subdivisions
- 4.15 Recreational Facilities (see also 7.17.040)
- 4.16 Temporary Uses



Consultation with Planner:

Date 4-11-14 Planner's Signature [Handwritten Signature]

INSTRUCTIONS FOR CONDITIONAL USE PERMIT APPLICATION:

1. Answer all questions. Answers should be clear and contain all the necessary information.
2. In answering question 1, refer to the classification system in the Zoning Regulations.
3. In answering questions 2 and 3, be specific and complete. Please use a separate sheet of paper to discuss the appropriate topics.
4. Copy of plot plan/site plan must be submitted with each application, with all existing or proposed structures shown, and distances from each other and from the property line. *If you are submitting a plan larger than 11x17 in size, please include 7 copies.*
5. A **Certified** Adjoining Property Owners List must be submitted with the application (*see forms below*). The list will be sent directly to the Planning & Zoning office, unless you request otherwise. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.
 - *(The buffer should be 150 ft. for all areas with the following exceptions: Administrative Conditional Use Permits, standard Conditional Use Permits, and Planned Unit Development (PUD) applications within the Lakeside Zoning District require a 300 ft. buffer.)*

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 a 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 and other appropriate action taken. The signing of this application signifies approval for the Flathead County Planning & Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.

[Handwritten Signature]
Owner(s) Signature (all owners must sign)

04-16-14
Date

Applicant Signature (if different than above)

Date