

Flathead County

Planning & Zoning

40 11th Street West, Suite 220 Kalispell, MT 59901 Telephone 406.751.8200 Fax 406.751.8210

APPLICATION FOR FLOODPLAIN DEVELOPMENT PERMIT EXTENSION

Extension requests must be submitted prior to the expiration date of the approved permit Submit this application, 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:	
CONTRACTOR (or person responsible for	doing the work, if other than above):
Name:	Phone:
Mailing Address:	
City, State, Zip:	
Email:	
REQUIRED INFORMATION	
Location of the Project:	
Why is the requested extension being mad	de?
Original permit approval date:	
Original permit expiration date:	
Have any prior extensions been granted?	
	l expiration dates of previous extensions.

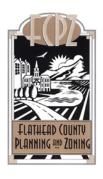
The request for a Floodplain Development Permit extension will be considered pursuant to Section 3.02(D) of the Flathead County Floodplain and Floodway Management Regulations.

I hereby certify and say that to the best of my knowledge and belief, the statements contained in this Application, together with the plan and other data submitted, are a true and complete statement of all proposed work to be done and its effect or probable effects on the floodplain.

Owner or Owner's Agent:	Date:	_

Notes:

- a. The signing of this application signifies approval for Flathead County Planning & Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.
- b. Work will be inspected for conformity with the Permit.
- c. Permit extensions will be reviewed by the Floodplain Administrator for one twelve (12) month extension.
- d. The extension request must be submitted to the Flathead County Planning & Zoning office before the original permit expires.



☐ General Information

40 1 ITH STREET WEST, STE. 220
HALISPELL, MT, 5990 1
OFFICE 406.75 1.0200
FAX: 406.75 1.0210
Email Planningwer@flathead.mt.goy
Wer flathead.mt.goy/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)

Permitting (Lakeshore Floodulain Zoning Subdivision)

Please Check as Appropriate:		1			
	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 contac	et with u	s involved p	permitting:	
The permitting process was understandable					
The regulations were understandable					
Application instructions were understandable					
Terms and conditions of the permit were understandable					

f 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 ecommend?
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 40 11th Street West, Suite 220 Kalispell, MT 59901

Email: Planning.Zoning@flathead.mt.gov Phone: (406) 751-8200

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