

Flathead County

Planning & Zoning

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

MAY 18 2016

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 \$ 380⁻

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

Bed and Breakfast

OWNER(S) OF RECORD:

Name: Mark and Karol Hickcox Phone: 888-9073

Mailing Address: Box 264

City, State, Zip Code: West Glacier, MT 59936

Email: montanakarol@gmail.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: 524 Riverbend Drive S _____ T _____ R _____

Subdivision Name: Mountain Peak Tract No(s). _____ Lot No(s). _____ Block No. _____

1. Zoning District and Zoning Classification in which use is proposed (EXAMPLE: Bigfork Zoning District, SAG-5 zoning classification):

R5 West Glacier.

2. 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:

A. Site Suitability.

The site is suitable for the use. This includes:

- (1) adequate usable space

1600 sq. ft. 2 BDR 2 BATH Home for guest use with 2 living areas, patio + balcony. Resident manager quarters separate above garage w/ 1000 sq ft living space.

- (2) adequate access

Access from Riverbend Dr. a county maintained road to driveway (shared.)

- (3) absence of environmental constraints

No streams, lakes, wetlands, flat lawn + gentle slope to parking area.

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

The parking area has a gravel base to accommodate 2-3 cars. Resident manager has a space. Guests have 1-2 spaces.

- (2) traffic circulation

Same as a family parking for a family home. Drive up + park.

- (3) open space

No additional structures will be built. The house is the only structure

- (4) fencing, screening

No fencing. The property is screened by trees in the front + rear, and on the south.

(5) landscaping

Grass front + side lawn (east + south)
Gravel parking + rock edging

(6) signage

No signage will be utilized

(7) lighting

Residential exterior motion detector light
on the garage for parking area + at
front door.

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

existing on site septic system which is
already approved

(2) water

MP INC., community water system

(3) storm water drainage

On site absorption

(4) fire protection

Smoke detectors in bedrooms + living rooms
West Glacier fire department

Approved / passed fire inspection w/ Flathead
County Env. Health Dept.

(5) police protection

Flathead CO. Sheriff

(6) streets

Only access Riverbend Drive

D. Immediate Neighborhood Impact

Neighbors know this is a "commercial" lot potential. 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

We anticipate one guest car, mainly leaving in the AM. & returning in the PM after their outing. Residence has a car & works from home.

(2) noise or vibration

NONE. General "quiet time" suggestion of 10AM-6AM

(3) dust, glare or heat

NONE

(4) smoke, fumes, gas, or odors

NONE

(5) inappropriate hours of operation

NONE

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

524 Riverbend Drive, West Glacier

Existing home as shown in attachment

Addition in rear for residence

Parking in front of addition and on the north side

Meets all setbacks as verified by Flathead County Planning and Zoning code enforcer

Meets all septic requirements for Flathead County (3 bedroom approved)

Weed control plan approved for 2014-2016 from Flathead County Weed Control

Approved and licensed Public Accommodations Permit via Flathead County Environmental Health

Licensed with the Mt. Dept. of Revenue for Sales and Use Permit (bed tax)

County plowed and maintained road, via Flathead County Roads and Bridges

Fire inspection complete for Environmental Health Accommodations Permit

House number clearly visible from street, no additional road signage will be utilized

MAY 18 2016



MAY 18 2016

0.03 mi

1:612

0.015

0.0075

0

- 1. EXISTING HOME (L.BDR)
- 2. Addition w/ Garage (1 BDR)
- 3. + 4. Parking for 2-4 vehicles



07/09/2015

524

③

①

④

②



- 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

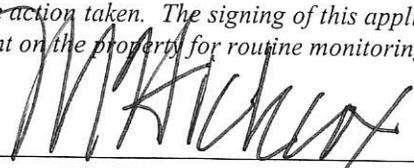
Consultation with Planner:

Date 4/26/16 Planner's 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. An 'Adjoining Property Owners List' request form must be submitted with the application, with a separate fee (*see forms below*). The list will be sent directly to the Planning & Zoning office. 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.


 Owner(s) Signature (all owners must sign)

5.16.16
 Date


 Applicant Signature (if different than above)

5/16/16
 Date

Invasive Plant Management

RECEIVED JUN 9 1 2014

LANDOWNER'S NAME (PLEASE PRINT) KAROL BROWN

PHONE/CELL 888.9073 EMAIL N/A

ADDRESS WEEDS Box 264
524 River Bend Dr

Number of Acres 15

ADDRESS MAIL Box 264
WJ MT 59936

- Noxious weeds on property - see Inspection Record: orangehawkweed, oxeyedaisy
- Water sources nearby - lake, pond, river, creek, high well: N/A
- Low or high water table? _____
- Sensitive vegetation nearby - gardens, alfalfa, mint, orchard: ✓
- Type of soil - sandy, clay, rocky, etc: _____

NOTE: If property is over 50% infested it is strongly recommended to follow up with reseeding. Herbicide application is recommended late May to early June and in the fall after the first hard frost. If plants have flowered cutting is recommended.

- Methods of weed control/management to be used (check all that apply): NOTE: Continuous mowing will result in the plants flowering closer to the ground and does not constitute compliance.

- Landscaping
- Hand Pulling
- Revegetation/Reseeding
- Biocontrol Insects/Fungi
- Mowing
- Cultivation
- Grazing - Sheep/Goats

List of herbicides to be used: BE SURE TO FOLLOW LABEL DIRECTIONS. milestone/redcorn *per Flathead County Weed Control Rec.*

If you are hiring a weed control service list the name, phone number and promised date of completion:

- YEAR ONE Annual work to begin Month June Year 14
- YEAR TWO Annual work to begin Month May Year 15
- YEAR THREE Annual work to begin Month May Year 16

8. Additional comments: _____

I HEREBY AGREE TO COMPLY WITH THIS PLAN AS STATED.

LANDOWNER'S SIGNATURE: [Signature] DATE: 6/8/14

Return completed plant to: FCWD - 309 FFA Drive, Kalispell MT 59901

Flathead County Weed Board:

- Approved
- Disapproved

Flathead County Weed Board comments or amendments to the submitted plan:

Signature of Board Representative: Steve Robison DATE: 6.13.14

Agreed: Landowner's Signature: _____ DATE: _____

MAY 18 2016

MHV
6/19: Sent copy

Flathead County Environmental Health
Go Darin Woepfel

Gmail

COMPOSE

Fire inspect.

Inbox x

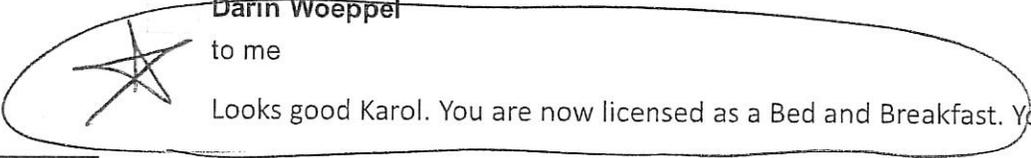
- Inbox (7)
- Starred
- Important
- Sent Mail
- Drafts (5)
- [Gmail] Trash
- Mark

Karol Hickcox Darin, Here is our fire inspection. Thanks for coming up and lice

Darin Woepfel

to me

Looks good Karol. You are now licensed as a Bed and Breakfast. You have yur

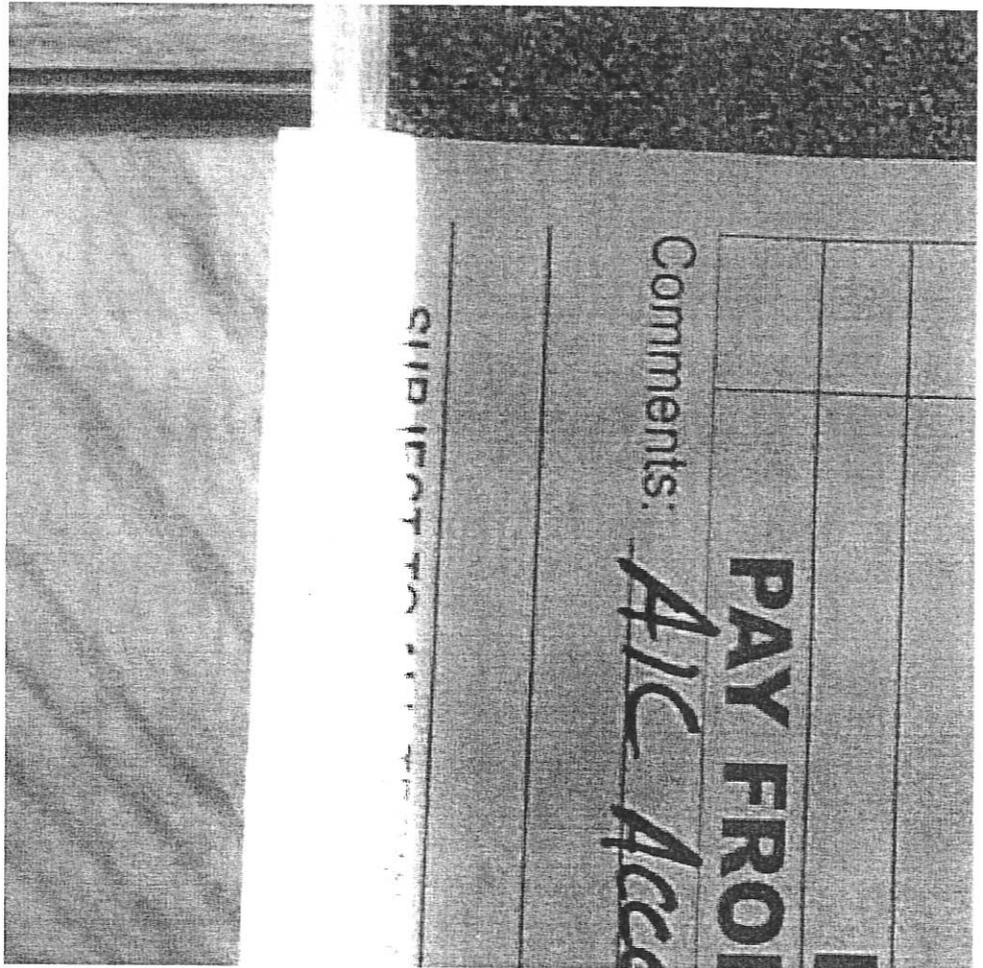


Karol

From: Karol Hickcox [mailto:montanakarol@gmail.com]
Sent: Tuesday, May 17, 2016 9:07 AM
To: Darin Woepfel <dwoepfel@flathead.mt.gov>
Subject: Fire inspect.

Darin,
 Here is our fire inspection. Thanks for coming up and licensing us. Could you please

No Hangouts Contacts
[Find someone](#)



From
Flathead County
Roads + Bridges.

RIVER BEND DRIVE

Designation= County Road

Width= 40 & 60 feet

Length= 9615

Type= Paved

Status= Declared, Deeded & Platted

Date= November 1, 1923

Location= Riverbend Tracts

Sec. 35 Twp. 32 Rge. 19 (house #1-578)

Sec. 26 Twp. 32 Rge. 19 (house #580-839)

Sec. 27 Twp. 32 Rge. 19 (house #839-884)

Post Office= West Glacier

Fire District= None

1987- 2,640 feet rebuilt

2006- 5300 overlay

2007- 5900 overlay / 10269 chip seal

Map Location= F - 9 Sheet 5



Don Hoffman
Acting Director

Montana Department of Revenue



Judy Martz
Governor

BROWN'S CABIN HOME
524 RIVERBEND DR
WEST GLACIER MT 59936

April 19, 2004

Acct Id: 4001426-002-LFT
Letter Id: L1888616448

Dear Taxpayer:

Your application for a Sales and Use Tax Permit has been accepted, and the number assigned to you is shown on the attached permit. Tax reporting forms are being sent in a separate mailing.

If you need help filing your returns or have questions about the Sales and Use Tax, call (406) 444-6900 or write to PO Box 5805, Helena, MT 59604-5805.

POST IN A VISIBLE PLACE

THIS PERMIT IS NOT TRANSFERABLE
MONTANA DEPARTMENT OF REVENUE
SALES AND USE TAX PERMIT

THE BUSINESS NAMED BELOW HAS BEEN GRANTED THIS SELLER'S PERMIT. THIS PERMIT IS VALID UNTIL CANCELLED, REVOKED OR SUSPENDED FOR CAUSE AS PROVIDED BY LAW.

ISSUED TO:

BROWN'S CABIN HOME
524 RIVERBEND DR
WEST GLACIER MT 59936

Permit Number: 00007715
Issue Date: Apr 19, 2004
Effective Date: Apr 1, 2003


Acting Director of Revenue

MAY 18 2004

1/2

Septic System Permit
Flathead City- County Health Department
 Environmental Health Services
 723 5th Ave. East, Kalispell, MT 59901

Number 99-40860
 Site Eval Receipt Pre App
 Date Issued 11/5/99
 Zone: 3
 Date Recorded 10/21/99

✓ 1. Legal Description: Co. Assess.Tr.# _____ Sec 35 Twp 32 Rng: 19

Subdiv. Name: Mountain Peak Lot: 5 Block: _____
 Cos# _____ Parcel Size 0.443 acre
 Property Address 524 River Bend Drive, West Glacier, MT 59936

2. Darwon & Teresa Stoneman PO Box 333, West Glacier, Mt. 59936 387-4147
 Legal Property Owner Address and Phone

New Replacement Alter/Repair

4. Proposed Structure Conv. Mob. Home Multi-Fam. (specify) _____
 Sing. Fam.

Commercial (specify) _____ Other (specify) _____

5. No. of Bedrooms 3 or Occ No: _____ Existing Structure _____

6. Water Supply: Indiv. Multi-user Public: Mountain Peak Sub. Source Well

7. Soil Type: Gravelly Loam How Determine Submittal

8. Depth to Groundwater Table/Bedrock > 84 Inches How Determined: Submittal

System Specifications:

9. Classification 1G Septic Tank Size: 1000 gal (min) Absorption Area: 450 ft²

10. Drainfield Description

Use the approved drainfield site and plan for replacement. Use 225 lineal feet of perforate pipe in 2 foot wide trenches. Trench depth to be shallow - no deeper than 36 inches. Perforated pipe and it's lateral trenches are to be level (0-1%). Use multiple lines with no line exceeding 80 feet from point of effluent entry. Plan carefully! Be sure of all Regulations prior to installation.

11/5/99 Dick Quist, R.S.
 Date Signature Authorizing Approval of Permit

* These requirements establish the MINIMUM STANDARDS for this septic system installation. The permit will be voided and declared invalid if the system is not installed within 12 months for class 1, 2, and 4 or 24 months for class 3 and 5 systems. The issuance of this permit authorizes construction of the septic system and requires the installation comply with the FLATHEAD COUNTY REGULATIONS FOR SEWAGE TREATMENT SYSTEMS (FCRSTS). The permit will be void if the system is not utilized as intended within one year of installation. The property owner is responsible for operating and maintaining the system in accordance with FCRSTS. Failure to comply with these regulations may result in revocation of this permit. This permit does not constitute a design and does not bind or obligate this office to guarantee the performance of the system. This permit shall be given to the installer prior to construction. The owner shall give 24 hours advance notice for the required inspection of the system. Please call 758-5760.

0927705

MAY 18 2016

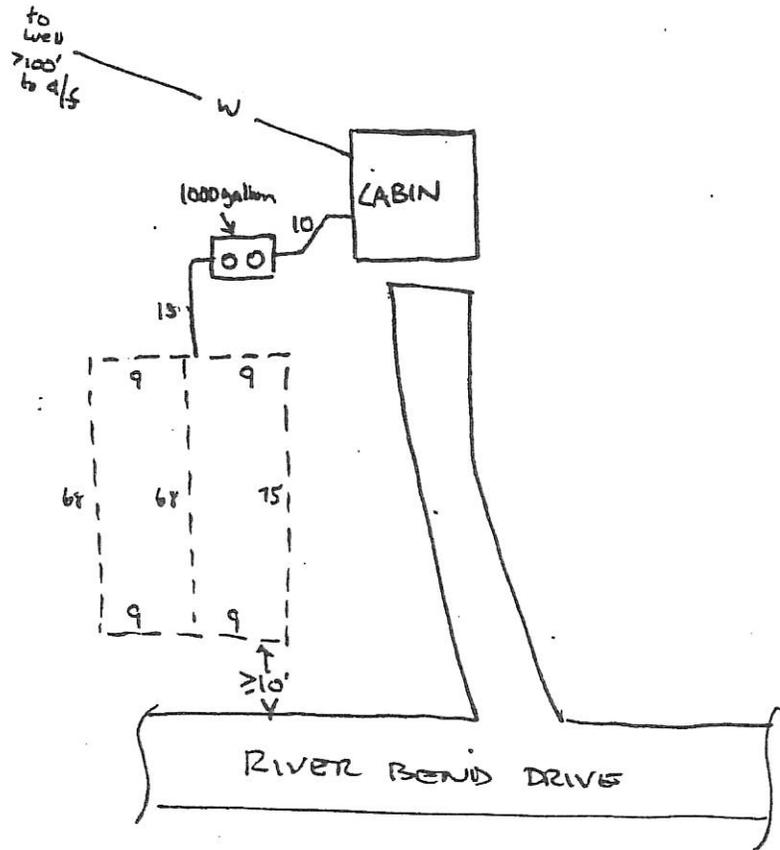
5/30

228/2

2/2

Number

LAYOUT



Water source developed at time of inspection? YES NO Distribution YES NO

Disapproved/Date _____ Reason _____

Approved/Date 5/30/00 Comments USE OF 225 LF KJET TRENCH

Inspector's Signature [Signature] Name of Installer Steve (Eagle)



FLATHEAD COUNTY GIS

KALISPELL, MONTANA

[GIS Home](#) | [Downloadable Data](#) | [Help](#) | [Contact Us](#)

General Parcel Data

Tract Id: 3219X35-MPE-5
Assessor: 0927705
Geocode: 07440635206150000
Approximate Acres: 0.5
City: NA
Subdivision Name: MOUNTAIN PEAK
Owner: HICKCOX, KAROL & MARK
Address: (M) PO BOX 264 WEST GLACIER MT 59936
Owner: HICKCOX, KAROL & MARK
Address: (P) 524 RIVER BEND DR WEST GLACIER MT 59936

Certificates of Survey

Tract Land: None available
Subdivision RTMT/BLA: None available

Subdivision Plats

MOUNTAIN PEAK_7-3-15_MPE.tif

School Districts

School District Name: WEST GLACIER
School District Number: 8
High School District: COLUMBIA FALLS
Kalispell Elementary District: NA

Voting Districts

Commissioner District: 1
Precinct Number: 17
House District: 3
Senate District: 2
Kalispell Ward Number: NA

Water, Sewer and Fire Districts

Fire District: CORAM/WEST GLACIER
Water & Sewer District: NA

Zoning Districts

Neighborhood Plan: NA
County Zoning District: WEST GLACIER
County Zoning Use: R-5
Whitefish Zoning: NA
Kalispell Zoning: NA
Columbia Falls Zoning: NA

MAY 18 2016