



Flathead County

Planning & Zoning

40 11th Street West, Suite 220 Kalispell, MT 59901

Telephone 406.751.8200

Email: Planning.Zoning@flathead.mt.gov

SHORT TERM RENTAL PERMIT APPLICATION

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 \$430 (FCPZ) & \$75 (GIS)

OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip Code: _____

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 Code: _____

Email: _____

EMERGENCY CONTACT: *

Name: _____ Phone: _____

Physical Address: _____

City, State, Zip Code: _____

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

Street

Address: _____ S _____ T _____ R _____

Subdivision

Tract Lot Block

Name: _____ No(s). _____ No(s). _____ No. _____

**The name and number of a local contact person or management company shall be provided. This contact person or management company shall be available 24 hours a day, 7 days a week and be able to arrive at the subject property within one hour should there be an emergency or problem.*

If you have already obtained a Public Accommodations License and pay bed tax, please provide copies and/or the license number.

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

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

(2) adequate access

(3) absence of environmental constraints

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 (see Section 5.11.090)

(2) traffic circulation

(3) open space

(4) fencing, screening

(5) landscaping

(6) signage (see Section 5.11.050)

(7) lighting

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 (see Section 5.11.030)

(2) water

(3) storm water drainage

(4) fire protection

(5) police protection

(6) streets

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

(2) noise or vibration (see Section 5.11.030)

(3) dust, glare or heat

(4) smoke, fumes, gas, or odors

(5) inappropriate hours of operation (see Section 5.11.060)

INSTRUCTIONS FOR SHORT TERM RENTAL 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 and floor plans showing structure (individual floors) to be used for short-term rental must be submitted with each application, with all existing or proposed structures, driveways, and parking areas shown, please include dimensions for all improvements and setbacks from the property line for all structures.
5. A separate fee made out to 'GIS' for the 'Adjoining Property Owners List'. The list will be sent directly to the Planning & Zoning office and 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.

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)

Date

Applicant Signature (if different than above)

Date



40 11th Street West, Ste. 220
 Kalispell, MT, 59901
OFFICE: (406) 751-8200
EMAIL: planning.zoning@flathead.mt.gov
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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