



# Flathead County

## Planning & Zoning

40 11<sup>th</sup> Street West, Suite 220 Kalispell, MT 59901  
Telephone 406.751.8200

### **MAJOR SUBDIVISION APPLICATION** **FOR EXPEDITED REVIEW OF PRELIMINARY PLAT**

*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 \$** \_\_\_\_\_

**SUBDIVISION NAME:** \_\_\_\_\_

**OWNER(S) OF RECORD:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICANT (IF DIFFERENT THAN ABOVE):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**TECHNICAL/PROFESSIONAL PARTICIPANTS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY:**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Assessor's No.(s) \_\_\_\_\_ Lot No.(s) \_\_\_\_\_ S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

**GENERAL DESCRIPTION/TYPE OF SUBDIVISION:** \_\_\_\_\_

Total Lots or Rental Spaces \_\_\_\_\_ Total Acreage \_\_\_\_\_ Acreage in Lots \_\_\_\_\_

Minimum Size of Lots or Spaces \_\_\_\_\_ Maximum Size of Lots or Spaces \_\_\_\_\_

Acreage in Streets/Roads \_\_\_\_\_ Acreage in Parks/Open Spaces/Common Areas \_\_\_\_\_

**PROPOSED USE(S) AND NUMBER OF ASSOCIATED LOTS/SPACES:**

Single Family \_\_\_\_\_ Townhouse \_\_\_\_\_ Mobile Home Park \_\_\_\_\_

Duplex \_\_\_\_\_ Apartment \_\_\_\_\_ RV Park \_\_\_\_\_

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Condominium \_\_\_\_\_

Multi-Family \_\_\_\_\_ Other \_\_\_\_\_

**APPLICABLE ZONING DESIGNATION & DISTRICT:** \_\_\_\_\_

**IS SUBJECT PROPERTY LOCATED WITHIN 3-MILE BUFFER OF KALISPELL,  
WHITEFISH, OR COLUMBIA FALLS?** \_\_\_\_\_

**ESTIMATE OF MARKET VALUE BEFORE IMPROVEMENTS:** \_\_\_\_\_

**IMPROVEMENTS TO BE PROVIDED:**

**Roads:** \_\_\_ Gravel \_\_\_ Paved \_\_\_ Curb \_\_\_ Gutter \_\_\_ Sidewalks \_\_\_ Alleys \_\_\_ Other

**County Water and Sewer District:** \_\_\_\_\_

**Other Utilities:** \_\_\_ Cable TV \_\_\_ Telephone \_\_\_ Electric \_\_\_ Gas \_\_\_ Other

**Solid Waste:** \_\_\_ Home Pick Up \_\_\_ Central Storage \_\_\_ Contract Hauler \_\_\_ Owner Haul

**Mail Delivery:** \_\_\_ Central \_\_\_ Individual **School District:** \_\_\_\_\_

**Fire Protection:** \_\_\_ Hydrants \_\_\_ Tanker Recharge Fire District: \_\_\_\_\_

**Drainage System:** \_\_\_\_\_

**PROPOSED EROSION/SEDIMENTATION CONTROL:** \_\_\_\_\_

**PROPOSED PLANS FOR THE ONSITE DEVELOPMENT OF OR EXTENSION TO PUBLIC  
INFRASTRUCTURE:** \_\_\_\_\_

**APPLICATION CONTENTS:**

1. Completed Preliminary Plat application (*unbound copy*)
2. 14 folded copies of the preliminary plat. (*Either 18" X 24" or 24" X 36" per Appendix B- Flathead County Subdivision Regulations*).
3. One reproducible set of supplemental information (*See Appendix B -Flathead County Subdivision Regulations*).
4. One reduced copy of the preliminary plat not to exceed 11" x 17" in size.
5. Application fee.
6. 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.

*This application shall be submitted, along with all information required by the applicable Subdivision Regulations and the Montana Subdivision and Platting Act, and the appropriate fee to:*  
**Flathead County Planning & Zoning Office 40 11<sup>th</sup> Street West, Ste 220**  
**Kalispell, Montana 59901 - Phone: (406) 751-8200**

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*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 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 and Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner(s) Signature (*all owners must sign*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner(s) Signature (*all owners must sign*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner(s) Signature (*all owners must sign*)

\_\_\_\_\_  
Date



40 11th Street West, Ste. 220  
 Kalispell, MT, 59901  
**OFFICE:** (406) 751-8200  
**EMAIL:** [planning.zoning@flathead.mt.gov](mailto:planning.zoning@flathead.mt.gov)  
**WEB:** [flathead.mt.gov/planning\\_zoning](http://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 \_\_\_\_\_

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

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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:

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

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**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 11<sup>th</sup> Street West, Suite 220  
Kalispell, MT 59901  
Email: [Planning.Zoning@flathead.mt.gov](mailto:Planning.Zoning@flathead.mt.gov)  
Phone: (406) 751-8200