

Zone \_\_\_\_\_  
Failing \_\_\_\_\_  
PreApp \_\_\_\_\_  
Nitrate \_\_\_\_\_

Receipt Number \_\_\_\_\_

## **COMMERCIAL - SEPTIC SYSTEM PERMIT APPLICATION FORM**

Flathead City/County Health Department, Environmental Health Services  
1035 1<sup>st</sup> Avenue West, Kalispell MT 59901  
[health@flathead.mt.gov](mailto:health@flathead.mt.gov) (406) 751-8130

### 1) LEGAL DESCRIPTION OF PROPERTY

Subdivision Name or EQ# \_\_\_\_\_ Lot # \_\_\_\_\_ Blk # \_\_\_\_\_  
County Assessor's Tract No. (Example Tr. 3BD) \_\_\_\_\_ County Assessor's No. \_\_\_\_\_  
Certificate of Survey (COS) or Deed Exhibit No. \_\_\_\_\_  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Parcel Size (Acres) \_\_\_\_\_  
Address of Property \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



All new structures and living units on property require their own address  
<https://flathead.mt.gov/gis/AddressRequestHome.php>

### 2) LEGAL PROPERTY OWNER\* – Current owner, not buyer

**\*REQUIRED**

Owner's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

*If someone other than the legal property owner is to be the contact, please complete the following:*

Name and Affiliation \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

### 3) Who will it be installed by? (Self-Install or Licensed Installer)

Self-Installed \_\_\_\_\_ YES/\_\_\_\_\_ NO \*A competency test is required for self install (\$100 fee)  
Licensed Installer's Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

### 4) PURPOSE OF APPLICATION

**\*THESE FEES ARE NON-REFUNDABLE**

_____ Obtain a site evaluation	\$275.00	(This is <u>not</u> a permit fee)
_____ Non-degradation analysis	\$200.00	(This is <u>not</u> a permit fee)
_____ Site Review	\$150.00	(This is <u>not</u> a permit fee)
_____ Obtain a septic permit		*Permit fee varies and is due when the permit is issued
_____ Reinspection	\$100.00	

### 5) PROPOSED DEVELOPMENT – Commercial (also under construction)

Nature of Business \_\_\_\_\_  
No. of Employees \_\_\_\_\_ No. of Patrons \_\_\_\_\_  
Will water be used in manufacturing, processing or distribution/sale of the product? YES / NO (Circle one)  
If yes, explain \_\_\_\_\_

Are floor drains proposed or do they exist? PROPOSED / EXIST (Circle one)  
If yes, will they be plumbed into the septic system or into a separate system? SEPTIC / SEPARATE (Circle one)  
Describe any other form or type of waste disposal and wastewater disposal which is proposed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) **EXISTING DEVELOPMENT** – Residential

\_\_\_\_\_ Conventional Single Family No. of Bedrooms \_\_\_\_\_  
\_\_\_\_\_ Mobile Home No. of Bedrooms \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

*Continued on pg. 2*

7) **WATER SUPPLY** (drinking/potable water for home - for proposed and/or existing development)

\_\_\_\_\_ Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Expanding existing

*Size of water system?*

\_\_\_\_\_ Individual (one home or connection)  
\_\_\_\_\_ Shared (2 connections)  
\_\_\_\_\_ Multi-User (3-14 homes connected to common system)  
\_\_\_\_\_ Public (15+ homes) Name \_\_\_\_\_

*Source of Water? (if other than public or municipal)*

\_\_\_\_\_ Well \_\_\_\_\_ Spring \_\_\_\_\_ Hauled/Cistern Surface (name) \_\_\_\_\_  
Water & Sewer District \_\_\_\_\_  
Distance between this property and the nearest public water and/or sewer service \_\_\_\_\_

8) **REQUIRED ATTACHMENTS**

- **A detailed site plan drawing** (example included on this application) – The site plan must clearly show existing and proposed development. Clearly label the items you show as existing and/or proposed. The site plan must include:
  1. Lot boundaries and prominent features including surface water/wetlands
  2. All structures/ driveways and parking areas
  3. Drainfield location (staked 50’x100’)
  4. Locations of all wells and drainfields within 100 feet of the property lines
- **A copy of the Certificate of Survey or Deed Exhibit (if not in a platted subdivision)**
- **A copy of the Certificate of Subdivision Approval** (only for site reviews OR only if applicable)

If you have additional information that you feel is pertinent to your application, use the space provided below or attach a separate piece of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ONLY FOR SITE REVIEWS - The building and drainfield sites must be physically staked, with a minimum of 3 ft. stakes that are clearly labeled. If not staked when inspector goes on site for the review, an additional fee of \$100 may be charged for a re-inspection.**

**If there is a gate please include the CODE or LOCK information in the additional information section. Have a house number clearly visible (permanent or temporary i.e. cardboard signage) if none currently exist at the start of the driveway.**

9) **AUTHORIZATION**

I hereby declare the above information and the attachments to this application are true, complete and correct to the best of my knowledge. I authorize the Flathead City-County Health Department to enter onto my property for the purpose of conducting this site evaluation.

\_\_\_\_\_  
Property Owner’s Signature (print and sign or DocuSign) \_\_\_\_\_ Date \_\_\_\_\_

<p><b><u>Planning &amp; Zoning Use Only</u></b>  <i>If zoned, does the proposed use comply with the Zoning Designation for the property? Yes _____ No _____</i>            Zoning Designation _____  <i>Is any of the property in the 100-year floodplain? Yes _____ No _____ Unmapped _____</i>            Zoning Authorization Signature _____ Date _____</p>
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