

Staff use: Date _____

Time _____

**PRE-APPLICATION CONFERENCE REQUEST FORM
(CALURS)**

Flathead County Planning and Zoning
40 11th Street West, Ste 220
Kalispell, MT 59901
Tel 406-751-8200

Please complete the following questions and attach required supporting documents. Upon receipt, a planner will contact you to schedule a preapplication conference.

1. **PROPERTY OWNER:** _____ **PHONE** _____

2. **TECHNICAL ASSISTANCE:** _____ **PHONE** _____

3. **PROPERTY INFORMATION:** Tract _____ Section _____ Township _____ Range _____

Subdivision/ Lot, if any _____ Assessor's Number _____

Physical Address _____

Acres _____ Fire District (if any) _____ School District _____

Existing Use and Structures on Property _____

4. **PROPOSAL:** Proposed Use and Structures _____

5. **ATTACHMENTS:** Please attach the following documents:

_____ **Sketch site plan** (8 1/2" x 11" minimum)

_____ **USGS topographic map** (8 1/2" x 11" minimum) showing the surrounding area, with the following information shown: property boundaries, access roads, nearby creeks and streams, municipal boundaries, and airports, as applicable

_____ **General site information** (if necessary):

- | | | |
|------------------------|--|-------------------------|
| ___ General location | ___ Approximate boundaries of existing tract | ___ Wildlife range |
| ___ Natural features | ___ Existing structures and public improvements | ___ Steep Slopes |
| ___ Existing Utilities | ___ Known easements and rights of way | ___ Wetlands |
| ___ Drainages/Swales | ___ Water resources (rivers, streams, pothole lakes) | ___ 100-year floodplain |

Thank you for providing a complete meeting request, allowing us to offer you a more accurate review of your application. Additional information may be requested at a later point.