

Fee:

Filing Standard Permit: \*\*

## Flathead County

### Planning & Zoning

40 11th Street West, Suite 220 Kalispell, MT 59901 Telephone 406.751.8200 Email: Planning.Zoning@flathead.mt.gov

#### APPLICATION FOR LAKE AND LAKESHORE CONSTRUCTION PERMIT

Submit this application, and appropriate fee to the Planning & Zoning office at the address listed above.

\*\*These activities include:

Fee:	Base Fee for one activity:	\$305	<ol> <li>Single Resident</li> </ol>	dential Docks and Gangways
	Each additional activity:	\$125	2. Shore Statio	ns & Watercraft Lifts
	During or after the fact:	Double	3. Rip Rap abo	ove the high water mark
		the fee	4. Residential	water lines (a DNRC License is
	Standard Permit:		required)	
	Base fee for one activity:	\$430	5. Decks, Walk	ways, and Stairways
	Each additional activity:	\$125		ng pilings adjacent to dock
	During or after the fact:	Quadruple the fee	7. Small scale	tree and vegetation removal
OWNER	/APPLICANT			
Owner:			Applicant:	
Mailing Address:			Mailing Address:	
City/Sta	te/Zip:		City/State/Zip:	
Phone:			Phone:	
Email:			Email:	
Note: If a	pplicant is not owner, the attack	hed authorizatior	n form must be filled	l out and signed.
CONTRA	ACTOR (or person responsib	le for doing the	work, if other the	an above)
Name:			Address:	
City/Sta	te/Zip:		Phone:	
Email:				
LOCATIO	ON OF THE PROJECT			
Lot:	Section:		Township:	Range:
Street Address:				
Lake: _	How ma	any feet of Lakesl	hore frontage do yo	u own?

EXISTING STRUCTURES ON THE SITE: (Describe and give the dimensions of all structures, i.e. docks, boat ramps, boat shelters, buildings, retaining walls, etc., that exist on the lake or within 20 horizontal feet of the average high water line of the lake.)  NATURE OF PROPOSED WORK: (Describe in words what you propose to build, demolish, install dredge, or fill. *Give dimensions, materials and list heavy equipment, if any.)  WILL THE USE OF THE PROPERTY BE: (Check one)  Individual Lot Owner  Other (specify)  DESCRIBE, IN FULL, ANY ADVERSE ENVIRONMENTAL IMPACTS THAT MAY OCCUR AS A RESULT OF THE PROPOSED ACTIVITY: (e.g., impacts on water quality or fish and wildlife habitat, increased sedimentation, discharge of toxic chemicals)  WHAT MEASURES WILL BE TAKEN TO REDUCE OR ALLEVIATE ANY ADVERSE IMPACTS LISTEL ABOVE?  PROJECT INFORMATION: (Maps and drawings must be attached. See Pages 3 and 4 for directions)  A. Is Vicinity Plan Attached?		se answer each question completely. No answer or incomplete answers (including "none" or "N/A") will y in review.
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WILL THE USE OF THE PROPERTY BE: (Check one)    Individual Lot Owner	docl	ks, boat ramps, boat shelters, buildings, retaining walls, etc., that exist on the lake or within 2
□ Individual Lot Owner □ Joint Use (Adjoining Properties) □ Commercial □ Other (specify)  DESCRIBE, IN FULL, ANY ADVERSE ENVIRONMENTAL IMPACTS THAT MAY OCCUR AS A RESULT OF THE PROPOSED ACTIVITY: (e.g., impacts on water quality or fish and wildlife habitat, increased sedimentation, discharge of toxic chemicals)  WHAT MEASURES WILL BE TAKEN TO REDUCE OR ALLEVIATE ANY ADVERSE IMPACTS LISTED ABOVE?  PROJECT INFORMATION: (Maps and drawings must be attached. See Pages 3 and 4 for directions)  A. Is Vicinity Plan Attached? □ Yes □ No		
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A. Is Vicinity Plan Attached?		
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D. IS SHE FIGH ALLACHEU? $\Box$ IES $\Box$ NO		3
C. Is Project Drawing Attached? $\square$ Yes $\square$ No	в. С.	

	ATION INFORMATION: Does d/or septic system?	the proposed act: $\Box$ Yes $\Box$ No	ivity involve a structure connected o	l to a private
If yes, Office:	the following section is to be	completed by the	ne Flathead City/County Environn	ıental Health
	he proposed development co ent systems?		athead County Regulations for O	nsite Sewage
		☐ Yes ☐ No	o 🗆 N/A	
Sanita	arian		Date	
******	**********	*******	************	****
togethe done an	certify and say that to the best (	submitted, are a tru	d belief, the statements contained in the and complete statement of all propositions.  Date	
	ant Signature		Date	
1	present on the property for r process. b. Work will be inspected for co	outine monitoring a	al for Flathead County Planning & Zon and inspection during the approval an nit. ace, unless renewed by governing body	d development

## LAKE AND LAKESHORE PERMIT APPLICANT/CONTRACTOR AUTHORIZATION

Landowner:			
Address:			
City/State/Zip:			
Phone:			
Applicant:			
Location of Project:			
Lake:			
Contractor:			
Address:			
City/State/Zip:			
Phone:			
I authorize the releato the above-named	use and transmittal of the required	d on-site Lake & Lakeshore Permit and file cop al shall be transmitted to the owners address a	
Landowners Signa	ture	Date	

## U.S. Army Corps of Engineers, Nationwide Permit 19 - MINOR DREDGING

Applicant:			
Location of Project:			
Lake:			
Contractor:			
Address:			
City/State/Zip:			
Phone:			
activities conducted specifics said permi		ompliance with, or are not subject to, the	
Applicant Signatu	re	Date	
Contractor Signat	ure	Date	

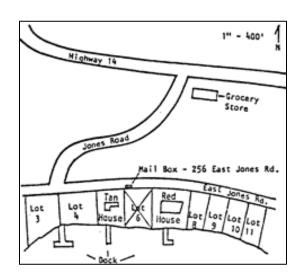
# GUIDELINES FOR PREPARING VICINITY MAP, SITE PLAN AND PROJECT DRAWING

#### A. Vicinity Map

The purpose of the vicinity map is to identify the location of the property and to show surrounding lake and lakeshore development. The map shall clearly show the following;

- 1. The location of the proposed site in relation to the nearest roads, highways and other landmarks;
- 2. All existing lakeshore facilities (docks, ramps, improvements, etc.) within 100 feet of both sides of the property on which the proposed work will occur;
- 3. North point and map scale.

This is an example of what you should present. (Note: A plat map from the County Courthouse Plat Room can be used.

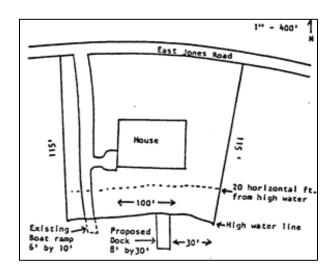


#### B. Site Plan

The purpose of a site plan is to show the location of the project in relation to any existing structures/facilities on the lot, to the Applicant's property line, the lake, lakeshore and all land within 20 horizontal feet of the mean annual high water elevation of the lake. The site plan shall clearly show the following:

- 1. Dimensions of the property on which the proposed project is located;
- 2. Location of the project on the property. All distances from property lines should be indicated;
- 3. Location of the average annual high water line;
- 4. Location of the line 20 horizontal feet landward of the mean annual high water elevation;
- 5. Other structures and/or facilities on the property. Dimensions of structures/facilities should be given only for those located on the lake or within 20 horizontal feet of the mean annual high water elevation;
- 6. North point and map scale.

This is an example of a site plan for a dock.

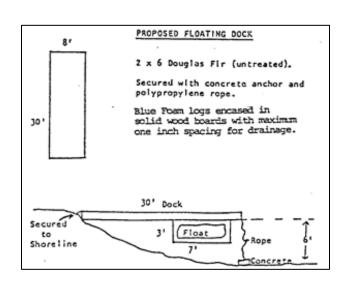


#### C. Project Drawing

The purpose is to show specific details as to size and type of work proposed (elevations, cross-sections, materials, etc.). These drawings shall include the following:

- 1. All dimensions of the proposed projects;
- 2. Materials to be used for the project;
- 3. Any treatment (preservative, paint, etc.) to be applied to any of the structures. Where paint is proposed.

This is an example of a project drawing. In this case a floating dock is shown.





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.

Dlagge Check og Annyonvictor					
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 contac	ct with u	s involved p	ermitting:	
The permitting process was understandable					
The regulations were understandable					
Application instructions were understandable					
Terms and conditions of the permit were understandable					

If you feel we fell short in meeting your service expectations, please describe the si including the name of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the date the incident of the staff person involved (if applicable) and the staff person involved (if applicable) and the date the staff person involved (if applicable) and the staff person involved (if applicable) are staff person involved (if applicable) and the staff person involved (if applicable) are staff person involved (if applicable) are staff person involved (if applicable) are staff person involved	
As a result of your experience with us, what service-related improvement(s) can yo recommend?	u
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

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