



# Flathead County

## Planning & Zoning

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

### **ZONING ADMINISTRATOR INTERPRETATION APPEAL 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 \$** \_\_\_\_\_

*Before completing this application please read instructions on page 2.*

1. **APPELLANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

3. **TECHNICAL/PROFESSIONAL ASSISTANCE:** *(if applicable)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

4. **DATE OF INTERPRETATION:** \_\_\_\_\_

5. **HOW IS THE APPELLANT ASSOCIATED WITH THE INTERPRETATION:**

\_\_\_\_\_

6. **LEGAL DESCRIPTION:** *(if interpretation pertains to a specific property)*

Subdivision *(if applicable)* \_\_\_\_\_ Lot/Tract(s) \_\_\_\_\_  
Assessor # \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

7. **ZONING DISTRICT:** \_\_\_\_\_ **ZONING DESIGNATION:** \_\_\_\_\_

8. **ZONING ADMINISTRATOR INTERPRETATION:** *(briefly summarize)*

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

8. **HOW HAS THE APPELLANT BEEN SPECIFICALLY AGGRIEVED BY THIS INTERPRETATION:**

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10. **HOW DOES THE APPELLANT FEEL THE ZONING ADMINISTRATOR ERRED IN THIS INTERPRETATION:**

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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 part of this appeal, to be true, complete, and accurate to the best of my knowledge.*

\_\_\_\_\_  
Appellant(s)

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR A ZONING INTERPRETATION APPEAL APPLICATION**

1. ANSWER ALL QUESTIONS. Answers should be clear and contain all the necessary information. Use a separate sheet(s) of paper as necessary.
2. A fee per the FCPZ schedule of fees for a zoning appeal must be submitted with this application to cover the cost of necessary investigation, publication, mailing and processing procedures.
3. Where an appeal concerns a particular piece of property, an 'Adjoining Property Owners List' request form must be submitted with the application, with a separate fee (*see form below*). 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.



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