



Flathead County

Planning & Zoning

40 11th Street West, Suite 220 Kalispell, MT 59901
Telephone 406.751.8200

FINAL PLANNED UNIT DEVELOPMENT PLAN 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 \$ _____

DEVELOPMENT NAME: _____

OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mail Address: _____

City/State/Zip: _____

Email: _____

APPLICANT/TECHNICAL/PROFESSIONAL PARTICIPANTS:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Date of Preliminary Plan Approval: _____

Name of Preliminary Plan: _____

Preliminary Plan FCPZ File #: _____

Legal Description: _____
(Lot/Block of Subdivision or Tract) Section - Township - Range

APPLICATION PROCESS:

1. Briefly introduce the application for final plan
2. Describes how each of the conditions of PUD preliminary plan were met in the final plan that has been submitted (3.31.030(6)(A))
3. Describes phasing or timing of development so that our office may “monitor” the PUD per 3.31.020(6) of the zoning regulations.
4. Provides contact information (for future reference) for involved parties.
5. Application fee per schedule, made payable to the Flathead County Flathead Planning & Zoning Office (FCPZ).

A cover letter that lists each condition of preliminary plan approval and individually states how each condition has specifically been met, MUST be included upon submitting the final plat application.

The signing of this application signifies approval for FCPZ staff to be present on the property for routine monitoring and inspection during approval process.

Applicant Signature

Date



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.

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 _____

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 contact with us involved permitting:					
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:

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:

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

Contact Information (Optional)

Your name: _____

Email: _____ Daytime phone: _____

Mailing address: _____

Date submitted: _____

Please hand deliver, email, fax or mail form to:

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