



Flathead County

Planning & Zoning

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

Telephone 406.751.8200

REVISED PRELIMINARY PLAT APPLICATION

(Final approval for Mobile Home/RV Parks and Condominium Projects; where no land is divided)

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 \$ _____

Project Name: _____

Contact Person:

Owner:

Name: _____

Address: _____

Phone: _____

TECHNICAL/PROFESSIONAL PARTICIPANTS:

1. Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

2. Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Date of Preliminary Plat Approval: _____

Name of Preliminary Plat: _____

Preliminary Plat FCPZ File #: _____

Type of Project: Mobile Home Park _____
Condominium _____

RV Park _____
Other _____

No. of Spaces Proposed _____

Land in Project (ac.) _____

Legal Description S _____ T _____ R _____

Parkland:

Land (ac.) _____

Cash-in-Lieu \$ _____

Exempt _____

Attached N/A
(MUST CHECK ONE)

_____	_____	Health Department Letter
_____	_____	RV or Mobile Home Park Rules of Operation
_____	_____	Subdivision Improvements Agreement (<i>attach collateral</i>)
_____	_____	Parkland Cash-in-Lieu (<i>check attached</i>)
_____	_____	Maintenance Agreement
_____	_____	Plats: 1 reproducible copy (<i>11x17</i>)
		4 blueines

A revised preliminary plat must be signed by all owners of record, and by the surveyor, engineer, or technical support.

Attach a letter which lists each condition of preliminary plat approval and individually state how each condition has specifically been met. In cases where documentation is required, such as an engineer's certification, State Department of Health certification, etc., original letters shall be submitted. Blanket statements stating, for example, "all improvements are in place" are not acceptable.

A complete revised preliminary plat application must be submitted no less than 60 days prior to expiration date of the preliminary plat.

When all application materials are submitted to FCPZ, and staff finds the application is complete, staff will submit a report to the governing body. The governing body must act within 30 days of receipt of the revised preliminary plat application and staff report. Changes to the approved preliminary plat may necessitate reconsideration by the Planning Board.

*

I certify that all information submitted is true, accurate and complete. I understand that incomplete information will not be accepted and that false information will delay the application and may invalidate any approval. The signing of this application signifies approval for FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature

Date

Owner(s) Signature (*all owners must sign*)

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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Phone: (406) 751-8200