



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 LAKESHORE CONSTRUCTION PERMIT AMENDMENT

*Submit this application, and appropriate fee (see current fee schedule)
to the Planning & Zoning office at the address listed above.*

LAKESHORE CONSTRUCTION PERMIT NUMBER: _____ **FEE ATTACHED \$** _____

OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

CONTRACTOR *(or person responsible for doing the work, if other than above):*

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

REQUIRED INFORMATION

NATURE OF PROPOSED AMENDMENT: (Describe in words how you propose to amend the original permit including what you propose to build, demolish, install, dredge, or fill. Give dimensions, materials and list heavy equipment, if any.)

DESCRIBE, IN FULL, ANY ADVERSE ENVIRONMENTAL IMPACTS THAT MAY OCCUR AS A RESULT OF THE PROPOSED AMENDMENT (e.g., different or new 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?

AMENDED PROJECT INFORMATION: (Maps and drawings must be attached. See Pages 3 and 4 for directions.)

A. Is Vicinity Plan Attached? Yes No

B. Is Site Plan Attached? Yes No

C. Is Project Drawing Attached? Yes No

I hereby certify and say that to the best of my knowledge and belief, the statements contained in this Application, together with the plan and other data submitted, are a true and complete statement of all proposed work to be done and its effect or probably effects on the lake and lakeshore.

Owner or Owner's Agent:

Date:

- Notes:
- a. The signing of this application signifies approval for Flathead County Planning & Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.
 - b. Work will be inspected for conformity with the amended permit.



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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