



Flathead County

Planning & Zoning

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

BUILDINGS FOR LEASE OR RENT 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 \$ _____

PROPOSAL NAME: _____

APPLICANT:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

TECHNICAL/PROFESSIONAL PARTICIPANTS:

1. Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

2. Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

LEGAL DESCRIPTION OF PROPERTY:

Street Address _____

City/State & Zip _____

Assessor's Tract No.(s) _____ Lot No.(s) _____

Section _____ Township _____ Range _____

Total Acreage of Subject Property _____

BRIEF DESCRIPTION OF PROPOSAL: _____

Number of Existing Buildings* (or units) for lease or rent prior to September 1, 2013 _____

Number of Proposed Buildings* (or units) for lease or rent after September 1, 2013 _____

Will the proposed buildings be served by water and wastewater facilities? Y ___ N ___

* Building – As defined in Section 76-8-101(1), MCA, a structure or a unit of a structure with a roof supported by columns or walls for the permanent or temporary housing or enclosure of persons or property or for the operation of a business. Except as provided in Section 76-3-103(15), MCA, the term includes a recreational camping vehicle, mobile home, or cell tower. The term does not include a condominium or townhome.

PROPOSED USE(S) AND NUMBER OF ASSOCIATED BUILDINGS (or UNITS):

Single Family _____ Multi-Family _____ Apartment _____

Industrial _____ Commercial _____

Other _____

IMPROVEMENTS PRESENT OR TO BE PROVIDED:

Roads: ___ Gravel ___ Paved ___ Curb ___ Gutter ___ Sidewalks ___ Alleys ___ Other

* **Water System:** ___ Individual ___ Shared ___ Multiple User ___ Public

* **Sewer System:** ___ Individual ___ Shared ___ Multiple User ___ Public

Other Utilities: ___ Cable TV ___ Telephone ___ Electric ___ Gas ___ Other

Solid Waste: ___ Home Pick Up ___ Central Storage ___ Contract Hauler ___ Owner Haul

Mail Delivery: ___ Central ___ Individual School District: _____

Fire Protection: ___ Hydrants ___ Tanker Recharge Fire District: _____

Drainage System: _____

* **Individual** (one user)
Shared (two user)
Multiple user (3-9 connections or less the 25 people served at least 60 days of the year)
Public (more than 10 connections or 25 or more people served at least 60 days of the year)

The application for Buildings For Lease Or Rent will be reviewed pursuant to provisions and qualifying criteria outlined in Section 6 Flathead County Buildings For Lease Or Rent Regulations (FCBLR).

APPLICATION CONTENTS:

1. Completed Buildings For Lease Or Rent application
2. A copy of the deed or other legal description of the real property
3. Evidence of the landowner’s title and interest in the land for which the application is being made
4. A site plan showing elements required in FCBLR (either 11” X 17” or 18” X 24”)
5. A detailed narrative of existing and proposed buildings and their location on the subject property, including the uses proposed for each and the approximate floor area and ground coverage of each building

6. A detailed narrative of the proposed water, wastewater, and solid waste disposal facilities intended to serve the buildings for lease or rent
7. A detailed narrative of the emergency medical, fire, and law enforcement services proposed to serve the buildings for lease or rent
8. A detailed narrative describing the existing and proposed access to and from the site, as well as the onsite circulation providing access to the existing and proposed buildings for lease or rent
9. A detailed narrative assessing the potential significant impacts on the surrounding physical environment or human population as a result of the proposed building for lease or rent, including a description of any proposed mitigation measures to avoid or minimize impacts anticipated.

This application shall be submitted, along with all information required by the Flathead County Buildings For Lease Or Rent Regulations and the Montana Subdivision and Platting Act, and the appropriate fee to:
Flathead County Planning & Zoning Office 40 11th Street West, Ste 220
Kalispell, Montana 59901 - Phone: (406) 751-8200

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 a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be untrue, I understand that any approval based thereon may be rescinded and other appropriate action taken. The signing of this application signifies approval for the FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.

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

 Date

 Applicant Signature (*if different than above*)

 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:

Flathead County Planning and Zoning
40 11th Street West, Suite 220
Kalispell, MT 59901
Email: Planning.Zoning@flathead.mt.gov
Phone: (406) 751-8200