



# Flathead County

## Planning & Zoning

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

Telephone 406.751.8200

Email: [Planning.Zoning@flathead.mt.gov](mailto:Planning.Zoning@flathead.mt.gov)

### **APPLICATION FOR LAKESHORE CONSTRUCTION PERMIT EXTENSION**

*Extension requests must be submitted prior to the expiration date of the approved permit*

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

**FEE ATTACHED \$ \_\_\_\_\_**

#### **LAKESHORE CONSTRUCTION PERMIT NUMBER:**

\_\_\_\_\_

#### **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**

Location of the Project: \_\_\_\_\_ Lake: \_\_\_\_\_

Why is the requested extension being made?

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

Describe the work that has been completed to date *(please include photos of progress)*:

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

Original permit approval date: \_\_\_\_\_

Original permit expiration date: \_\_\_\_\_

Have any prior extensions been granted? \_\_\_\_\_

If yes, please provide the granting and expiration dates of previous extensions.

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

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The request for a Lakeshore Construction Permit extension will be considered pursuant to Section 3.5 of the Flathead County Lake and Lakeshore Protection Regulations.

*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 Permit.
  - c. Permit extensions will be reviewed for one (1) year time limits, unless specifically approved by the governing body upon written request of the Applicant.
  - d. The extension request must be submitted to the Flathead County Planning & Zoning office before the original permit expires.



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 or mail form to:**

Flathead County Planning and Zoning  
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