Staff use: Date	
Time	

100-year floodplain

ZONING CONSULTATION REQUEST FORM

___ Drainages/Swales

Flathead County Planning and Zoning 40 11th Street West, Ste 220 Kalispell, MT 59901 Tel 406-751-8200

Please complete the following questions and attach required supporting documents. Upon receipt, a planner will contact you to schedule a preapplication conference. PROPERTY OWNER: PHONE TECHNICAL ASSISTANCE: PHONE Township____ Range____ Section PROPERTY INFORMATION: Tract Subdivision/ Lot, if any______ Assessor's Number _____ Physical Address_____ Acres Neighborhood Plan_____Existing Zoning _____ Zoning District____ Existing Use and Structures on Property 4. PROPOSAL: Proposed new zoning: Explanation why new zoning is being sought: 5. Land Use Map Designation: (please see corresponding land use map e.g. Bigfork Land Use Map, City-County Master Plan Map, Flathead County Growth Policy Map). The proposed zoning must be consistent with the land use designated in the corresponding land use map **6. ATTACHMENTS:** Please attach all of the following documents: **USGS topographic map** (8 ½" x 11" minimum) showing the surrounding area, with the following information shown: property boundaries, access roads, nearby creeks and streams, municipal boundaries, and airports, as applicable Vicinity map (8 ½" x 11" minimum) **General site information:** ___ General location ___ Wildlife range ____ Approximate boundaries of existing tract ____ Existing structures and public improvements Natural features ___ Steep Slopes ___ Wetlands ___ Existing Utilities ___ Known easements and rights of way

Thank you for providing a complete meeting request, allowing us to offer you a more accurate review of your application. Additional information may be requested at a later point.

___ Water resources (rivers, streams, etc)