



# Flathead County

## Planning & Zoning

40 11<sup>th</sup> Street West, Suite 220 Kalispell, MT 59901  
Telephone 406.751.8200 Fax 406.751.8210

### BILLBOARD REPLACEMENT PERMIT APPLICATION

**Billboard Permit Fee Attached:**

Maintenance/Remodeling  
Relocation

\$55   
\$270

**SIGN OWNER\***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

*\*Note: If sign owner is not landowner, attach a letter or copy of lease authorizing the work.  
\*Note: If you are filing an application for a billboard sign with the State, a copy of the State application and photo of finished work can be substituted for this application.*

**LOCATION:**

Legal Description: \_\_\_\_\_ S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ Assessor's # \_\_\_\_\_  
Property  
Address: \_\_\_\_\_ Nearest Milepost: \_\_\_\_\_  
Side of  
Highway: \_\_\_\_\_ Distance & Direction to nearest off premise sign: \_\_\_\_\_  
N. S. E. W. (in feet)  
Setback from R/W to nearest point on sign: \_\_\_\_\_  
State I.D. # \_\_\_\_\_ Existing Zoning \_\_\_\_\_

**DESCRIPTION OF EXISTING STRUCTURE:**

Height of Structure: \_\_\_\_\_ Width of Sign Face: \_\_\_\_\_ Length of Sign Face: \_\_\_\_\_  
Type of Sign:  Single-faced  Double faced  V-type  Back to back Lighted: \_\_\_\_\_  
*Note: If double faced sign include width and length of both sides.*

**DESCRIPTION OF PROPOSED WORK** (new, maintenance repair, replacement, materials)

Height of Structure: \_\_\_\_\_ Width of Sign Face: \_\_\_\_\_ Length of Sign Face: \_\_\_\_\_  
Type of Sign:  Single-faced  Double faced  V-type  Back to back Lighted: \_\_\_\_\_  
*Note: If double faced sign include width and length of both sides.*

Permit #: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby affirm that to the best of my knowledge and belief, the statements contained in the application, together with the plan and other data submitted, are a true and complete statement of all proposed work to be done on the subject property, signifies approval for FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.

Sign Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Project Drawing**

The purpose of the project drawing is to show specific details as to the size and type of the work proposed (elevations, cross-sections, materials, etc.). These drawings shall include the following:

1. All dimensions of the proposed projects; (including structure height, sign face dimensions, sign type, etc.)
2. Materials to be used for the project:

## **Site Plan**

The purpose of a site plan is to show the location of the project in relation to any existing structures/buildings on the lot, to the Applicant's property lines. The site plan shall clearly show the following:

1. Dimensions of the property on which the proposed project is located;
2. Location of the project on the property. All distances from property lines should be indicated;
3. Other structures/buildings on the property. Dimensions of structures/buildings should be given.

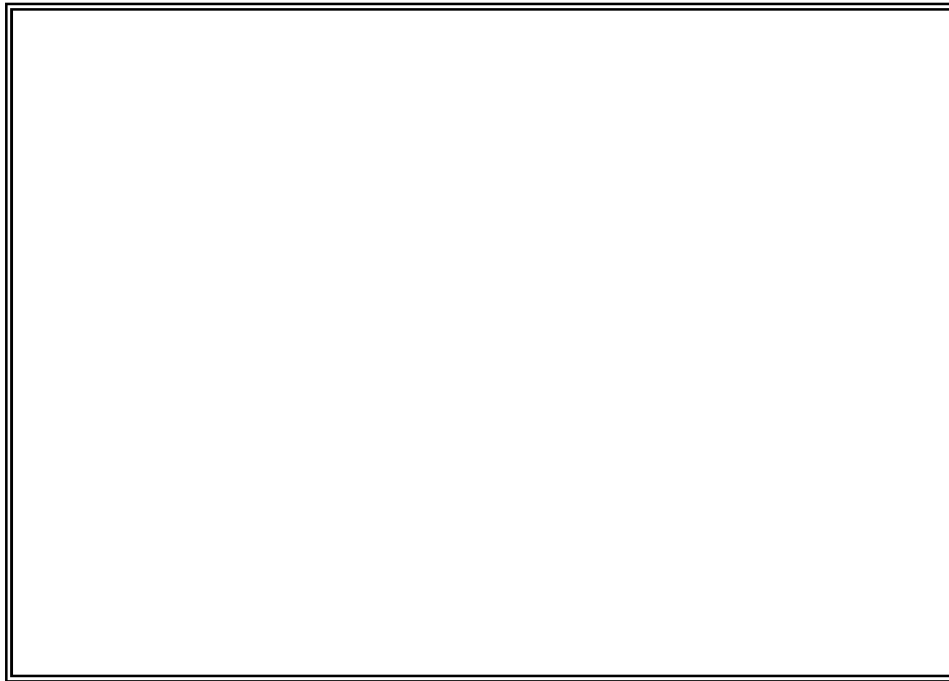
**Sign Owner Certificate of Completion**

I hereby certify the sign permitted by No. \_\_\_\_\_, on \_\_\_\_\_, has been erected in conformance with the provisions set forth in the permit, and was completed on \_\_\_\_\_.

Dated \_\_\_\_\_ Signature \_\_\_\_\_  
Sign Owner

Dated \_\_\_\_\_ Signature \_\_\_\_\_  
Land Owner

Note: This Certificate must be returned to the Flathead Planning & Zoning Office, on or before \_\_\_\_\_.



Attach photograph of completed sign.

Note: The state permit must be visible in the photograph.

\_\_\_\_\_  
FCPZ Planner



40 11th Street West, Ste. 220  
 Kalispell, MT, 59901  
**OFFICE:** (406) 751-8200  
**FAX:** (406) 751-8210  
**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, fax or mail form to:**

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