Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

CONDITIONAL USE PERMIT APPLICATION[1]

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 $_____

PROPOSED USE ***(as described in the Flathead County Zoning Regulations)***:

_____

_____

OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____

PERSON(S) AUTHORIZED TO REPRESENT THE OWNER(S) AND TO WHOM ALL CORRESPONDENCE IS TO BE SENT:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____

LEGAL DESCRIPTION OF PROPERTY *(Refer to Property Records)*:

Street Address: _____ S_____ T _____ R_____

Subdivision Name: _____ Tract No(s). _____ Lot No(s). _____ Block No._____

1. **Zoning District and Zoning Classification in which use is proposed (EXAMPLE: *Bigfork Zoning District, SAG-5 zoning classification*):**

   _____

   _____

2. **Explain how the proposed use meets all of the required criteria below. ALL CRITERIA MUST BE DISCUSSED. If criteria are not applicable, please explain why. Attach drawings, additional text, site plans, and any other documents that will assist staff in reviewing the proposed use. The more information you can provide, the easier it is for staff to review the application. Please discuss:**

Revised: 12/15/15

A. Site Suitability.

The site is suitable for the use. This includes:

(1) adequate usable space

_____
_____
_____
_____

(2) adequate access

_____
_____
_____
_____

(3) absence of environmental constraints

_____
_____
_____
_____

B. Appropriateness of Design.

The site plan for the proposed use will provide the most convenient and functional use of lot. Consideration of design should include:

(1) parking scheme

_____
_____
_____
_____

(2) traffic circulation

_____
_____
_____
_____

(3) open space

_____
_____
_____
_____

(4) fencing, screening

_____
_____
_____
_____

(5) landscaping

(6) signage

(7) lighting

C. Availability of Public Services and Facilities

The following services and facilities are to be available and adequate to serve the needs of the use as designed and proposed:

(1) sewer

(2) water

(3) storm water drainage

(4) fire protection

(5) police protection

(6) streets

D. Immediate Neighborhood Impact

The proposed use will not be detrimental to surrounding neighborhoods in general. Typical negative impacts which extend beyond the proposed site include:

(1) excessive traffic generation

(2) noise or vibration

(3) dust, glare or heat

(4) smoke, fumes, gas, or odors

(5) inappropriate hours of operation

3. The following proposed uses shall meet additional requirements, known as "Conditional Use Standards" as outlined in Chapter 4 the Flathead County Zoning Regulations and require consultation with a staff planner PRIOR to application submittal:

4.01 Animal Hospitals, Kennels, Animal Shelters, Veterinary Clinics
4.02 Bed and Breakfast Establishments/Boarding Houses
4.03 Camp or Retreat Center
4.04 Caretaker's Facility in AG, SAG, and R-1 Districts
4.05 Cluster Housing Development in Residential Districts

4.06 Commercial Caretaker's Facility in B-2, B-3, I-1, I-1H, and I-2 Districts
4.07 Contractors Storage Yard in AG and SAG Districts
4.08 Day Care Centers- 13 or More Individuals
4.09 Electrical Distribution Stations
4.10 Extractive Industries
4.11 Family Hardship Dwellings
4.12 Manufactured Home Parks
4.13 Mini-Storage, Recreational Vehicle Storage
4.14 Motor Coach Subdivisions
4.15 Recreational Facilities (see also 7.17.040)
4.16 Temporary Uses

Consultation with Planner:

Date _____ **Planner's Signature** _____

INSTRUCTIONS FOR CONDITIONAL USE PERMIT APPLICATION:

1. Answer all questions. Answers should be clear and contain all the necessary information.

2. In answering question 1, refer to the classification system in the Zoning Regulations.

3. In answering questions 2 and 3, be specific and complete. Please use a separate sheet of paper to discuss the appropriate topics.

4. Copy of plot plan/site plan must be submitted with each application, with all existing or proposed structures shown, and distances from each other and from the property line. *If you are submitting a plan larger than 11x17 in size, please include 7 copies.*

5. An 'Adjoining Property Owners List' request form must be submitted with the application, with a separate fee *(see forms below).* The list will be sent directly to the Planning & Zoning office. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.

   - *(The buffer should be 150 ft. for all areas with the following exceptions: Administrative Conditional Use Permits, standard Conditional Use Permits, and Planned Unit Development (PUD) applications within the Lakeside Zoning District require a 300 ft. buffer.)*

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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 incorrect or 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 Flathead County Planning & Zoning 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

1035 First Ave West
Kalispell MT 59901
406.751.8200
planningweb@flathead.mt.gov
flathead.mt.gov/planning_zoning

Certified Ownership List Request Form

Must be filled out by the Planning Office, Surveyor, or Engineer

SUBJECT PROPERTY OWNER	
SUBJECT PROPERTY ASSESSOR #	
SUBJECT PROPERTY LEGAL DESCRIPTION	
SEC-TOWNSHIP-RANGE	
BUFFER FOOTAGE	
CONTACT PERSON	
CONTACT PHONE #	
TODAY'S DATE	
PICK UP DATE	
SPECIAL HANDLING INSTRUCTIONS	
PLANNER, SURVEYOR OR ENGINEER SIGNATURE	

Orders can be submitted in the Planning and Zoning Department via mail or email (planning.zoning@flathead.mt.gov).

Certified Ownership List – completed within 1 week from receipt of payment	$75.00
Certified Ownership List Rush – completed within 48 hours from receipt of payment	$150.00

1035 First Ave West
Kalispell, MT 59901
OFFICE 406.751.8200
FAX 406.751.8210
EMAIL planningweb@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
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Kalispell, MT 59901
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