



Flathead County

Planning & Zoning

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

MINOR SUBDIVISION PRELIMINARY PLAT 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 \$ _____

SUBDIVISION NAME: _____

OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

APPLICANT (IF DIFFERENT THAN ABOVE):

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 _____

GENERAL DESCRIPTION OF SUBDIVISION: _____

Number of Lots or Rental Spaces _____ Total Acreage in Subdivision _____

Total Acreage in Lots _____ Minimum Size of Lots or Spaces _____

Total Acreage in Streets or Roads _____ Maximum Size of Lots or Spaces _____

Total Acreage in Parks, Open Spaces and/or Common Areas _____

PROPOSED USE(S) AND NUMBER OF ASSOCIATED LOTS/SPACES:

Single Family _____ Townhouse _____ Mobile Home Park _____

Duplex _____ Apartment _____ Recreational Vehicle Park _____

Commercial _____ Industrial _____ Planned Unit Development _____

Condominium _____ Multi-Family _____ Other _____

IS SUBJECT PROPERTY LOCATED WITHIN 3-MILE BUFFER OF KALISPELL, WHITEFISH, OR COLUMBIA FALLS? _____

APPLICABLE ZONING DESIGNATION & DISTRICT _____

IMPROVEMENTS 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)

* If the water supply and wastewater treatment systems are shared, multiple user, or public, provide a statement of whether the systems will be public utilities as defined in [69-3-101](#) and subject to the jurisdiction of the public service commission or exempt from public service commission jurisdiction. If exempt, provide an explanation for the exemption.

PROPOSED EROSION/SEDIMENTATION CONTROL: _____

VARIANCES: ARE ANY VARIANCES REQUESTED? _____ (yes/no)

(If yes, please complete the following information)

SECTION/REGULATION OF REGULATIONS CREATING HARDSHIP: _____

EXPLAIN THE HARDSHIP THAT WOULD BE CREATED WITH STRICT COMPLIANCE OF REGULATIONS: _____

PROPOSED ALTERNATIVE(S) TO STRICT COMPLIANCES WITH ABOVE REGULATIONS: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED BELOW:

1. The variance will not be detrimental to the public health, safety, or general welfare or injurious to other adjoining properties.

2. Due to the physical surroundings, shape, or topographical conditions of the property involved, strict compliance with the regulations will impose an undue hardship on the owner. Undue hardship does not include personal or financial hardship, or any hardship that is self imposed.

3. The variance will not cause a substantial increase in public costs, now or in the future.

4. The variance will not place the subdivision in nonconformance with any adopted growth policy, neighborhood plan or zoning regulations.

5. The variance is consistent with the surrounding community character of the area.

APPLICATION CONTENTS:

1. Completed preliminary plat application. *(If submitting bound copies of the application materials, please also include one **unbound** copy for replication purposes).*
2. 6 folded copies of the preliminary plat *(either 18" X 24" or 24" X 36" per Appendix B-Flathead County Subdivision Regulations).*
3. One reproducible set of supplemental information *(See Appendix B -Flathead County Subdivision Regulations).*
4. One reduced copy of the preliminary plat not to exceed 11" x 17" in size.
5. Application fee

This application shall be submitted, along with all information required by the applicable Subdivision Regulations and the Montana Subdivision and Platting Act, and the appropriate fee to:
Flathead County Planning & Zoning Office 1035 First Avenue West
Kalispell, Montana 59901 - Phone: (406) 751-8200 Fax: (406) 751-8210

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