



Flathead County

Planning & Zoning

40 11th Street West, Suite 220 Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

FINAL 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: _____

TECHNICAL/PROFESSIONAL PARTICIPANT(S):

1. Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

2. Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Date of Preliminary Plat Approval: _____

Name of Preliminary Plat: _____

Preliminary Plat FCPZ File #: _____

Type of Subdivision: Residential _____ Industrial _____ Commercial _____ PUD _____ Other _____

No. of Lots Proposed _____ Parkland (ac.) _____ Acres in Roads _____

Land in Project (ac.) _____ Cash-in-Lieu \$ _____ Acres in Lots _____

Legal Description: Section _____ Township _____ Range _____ Exempt _____

All applicable items required by Appendix E: Contents of the Final Plat of the Flathead County Subdivision Regulations must be submitted with the application for final plat.

Attached Not Applicable
(MUST CHECK ONE)

- | | | |
|-------|-------|--|
| _____ | _____ | MT DEQ Certification & Health Department Certification <i>(Original)</i> |
| _____ | _____ | Title Report <i>(Original, not more than 90 days old)</i> |
| _____ | _____ | Tax Certification <i>(Property taxes must be paid)</i> |
| _____ | _____ | Consent(s) to Plat <i>(Originals and notarized)</i> |
| _____ | _____ | Subdivision Improvements Agreement <i>(Attach collateral)</i> |
| _____ | _____ | Parkland Cash-in-Lieu <i>(include Check payable to Flathead County)</i> |
| _____ | _____ | Maintenance Agreement |
| _____ | _____ | Copies of any deed restrictions relating to public improvements |
| _____ | _____ | Copies of Articles of Incorporation & Bylaws for any Property Owner’s Assoc. |
| _____ | _____ | Road User’s/Road Maintenance Agreement |
| _____ | _____ | Approach Permit(s) <i>(when a new road accesses onto state highway only)</i> |
| _____ | _____ | Certification by Fire District/local fire control authority <i>(high/extreme areas only)</i> |
| _____ | _____ | Plats: 2- “24 X 36” mylars (or 1-“24 X 36” mylar and 1-“24 X 36” opaque) |
| | | 1- “24 X 36” paper copy |
| | | 1 - “11 X 17” paper copy |

The plats must be signed by all owners of record, the surveyor, and examining land surveyor.

A cover letter that lists each condition of preliminary plat approval and individually states how each condition has specifically been met, MUST be included upon submitting the final plat application. In cases where documentation is required, such as an engineer’s certification, State Department of Health certification, etc., original letters shall be submitted. Blanket statements stating, for example, “all improvements are in place” are not acceptable.

A complete final plat application for a **major** subdivision must be submitted no less than **45 working days** prior to expiration date of the preliminary plat.

A complete final plat application for a **minor** subdivision must be submitted no less than **30 working days** prior to expiration date of the preliminary plat.

When all application materials are submitted, and the staff finds the application is complete, staff will submit a report to the governing body. Incomplete submittals will not be accepted and will not be forwarded to the governing body for approval. Changes to the approved preliminary plat may necessitate reconsideration by the Planning Board.

I certify that all information submitted is true, accurate and complete. I understand that incomplete information will not be accepted and that false information will delay the application and may invalidate any approval. The signing of this application signifies approval for FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.

 Owner(s) Signature

 Date

****NOTE: Please be advised that the County Clerk & Recorder requests that all subdivision final plat applications be accompanied with a digital copy.**

A digital copy of the final plat in a Drawing Interchange File (DXF) format or an AutoCAD file format, consisting of the following layers:

1. Exterior boundary of subdivision
2. Lot or park boundaries
3. Easements
4. Roads or rights-of-way
5. A tie to either an existing subdivision corner or a corner of the public land survey system



40 11th Street West, Ste. 220
 Kalispell, MT, 59901
OFFICE: (406) 751-8200
FAX: (406) 751-8210
EMAIL: planning.zoning@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:

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