



Flathead County

Planning & Zoning

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

FIRST MINOR SUBDIVISION **APPLICATION FOR ADMINISTRATIVE APPROVAL OF** **PRELIMINARY PLAT**

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)

The application for Administrative Approval of a First Minor Subdivision Preliminary Plat will be reviewed pursuant to provisions and qualifying criteria outlined in Section 4.2.3 of the Flathead County Subdivision Regulations.

APPLICATION CONTENTS:

1. Completed preliminary plat application.
2. One folded copy of the preliminary plat (*either 18" X 24" or 24" X 36" per Appendix B-Flathead County Subdivision Regulations*).
3. One reduced copy of the preliminary plat not to exceed 11" x 17" in size.
4. One reproducible set of supplemental information (*See Appendix B -Flathead County Subdivision Regulations*).
5. Completed Impact Criteria Report (*per Appendix D - Flathead County Subdivision Regulations*).
6. 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 40 11th Street West, Ste 220
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



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:

Flathead County Planning and Zoning
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Kalispell, MT 59901
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