



**FLATHEAD COUNTY
FLOODPLAIN DEVELOPMENT
APPLICATION FOR A VARIANCE**

*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 \$ _____

APPLICANT: *(Please print or type)*

NAME: _____

ADDRESS: _____ Phone: _____

CITY/STATE/ZIP: _____

INTEREST IN PROPERTY: _____

OWNER: (If different from above)

NAME: _____

ADDRESS: _____ Phone: _____

CITY/STATE/ZIP: _____

LOCATION OF PROPERTY FOR WHICH VARIANCE IS SOUGHT:

Street Address _____

Legal Description: (Subdivision, Lot and Block Number, or Tract Number; and Section,
Township and Range) _____

DATE PROPERTY ACQUIRED: _____

I/We are requesting a variance from the Flathead County Floodplain and Floodway
Management Regulations as described in Section 4.04 of the stated regulations. Below is a
summary of the project and findings as to the need and appropriateness of the variance.

REASON FOR VARIANCE: _____

SECTION OF REGULATIONS VARIANCE REQUEST APPLIES TO: _____

EVALUATION OF VARIANCE APPLICATION:

*Variances shall only be issued by the Board of Adjustment if **all** of the following findings are met. Please describe in detail on a separate document how your project meets each of the following required findings:*

- a. There is a good and sufficient cause;
- b. Failure to grant the variance would result in exceptional hardship to the applicant;
- c. There are no basements nor residential dwelling that has the lowest floor elevation below the Base Flood Elevation;
- d. Crawl spaces are no more than two (2) feet below the exterior lowest adjacent grade and must have an inside dimension from interior ground to the bottom of the living floor of less than five (5) feet. The crawl spaces must meet the dry flood proofing requirements in Section 5.03(M)(3);
- e. Granting of a variance will not result in increased flood heights to existing insurable buildings, additional threats to public safety, extraordinary public expense, create nuisances, cause fraud on or victimization of the public, or conflict with other existing local laws or ordinances;
- f. The proposed use is adequately flood proofed;
- g. The variance is the minimum necessary, considering the flood hazard, to afford relief;
- h. Reasonable alternative locations are not available;
- i. There is no danger to life and property by water that may be backed up or diverted by the obstruction or use;
- j. There is no danger that the obstruction or use will be swept downstream to the injury of others;
- k. Incorporates measures in the construction or alteration of the obstruction or use that lessens the danger;
- l. The permanence of the obstruction or use;
- m. There is no adverse affect to anticipated development in the foreseeable future of the area that may be affected by the obstruction or use;
- n. There is no adverse affect to existing properties or structures;
- o. Any increase to the Base Flood Elevation in a Floodway has been approved by FEMA for flood insurance purposes and any increase to the Base Flood Elevation in the Floodway or Flood Fringe of more than 0.5 feet is an alteration of the Regulated Flood Hazard Area has been duly amended pursuant to Section 1.13;
- p. That the Montana Department of Natural Resources and Conservation (DNRC) has considered and provided comments, based on technical review.

OTHER SUBMITTALS:

1. Completed application with appropriate fee payable to FCPZ.
2. A Certified list of property owners and their mailing addresses within 150-feet of any property line of the subject property (excluding any surrounding right-of-way) must be submitted with each application
3. Detailed plans and specifications for the project.

Applicant signature: _____ Date: _____

ATTENTION:

A Certified adjoining landowners list must be included upon submission of your application. The form attached to the back of this application must be filled out, signed by a planner, & then taken to the GIS department (3rd floor of Courthouse) to be initiated. The cost is \$75, payable to the GIS office. Your certified list will be available for pick up one week from the date ordered and can be picked up in the Plat Room. You may also get a certified adjoining landowners list from a title company if you choose.

Incomplete applications will not be accepted.

Updated 12/4/14

Flathead County GIS
800 South Main Street
Kalispell, MT 59901
 Phone (406) 758-5540
 Fax (406) 758-2139



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 #	
BILLING ADDRESS	
TODAYS DATE	
SPECIAL HANDLING INSTRUCTIONS	
PLANNER, SURVEYOR OR ENGINEER SIGNATURE	

****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 which require a 300 ft. buffer.**

Orders can be submitted in the GIS office, via mail or email (gis_ownership@flathead.mt.gov).
 Incomplete forms will not be accepted.

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
1035 First Avenue West
Kalispell, MT 59901
Email: Planning.Zoning@flathead.mt.gov
Phone: (406) 751-8200
Fax: (406) 751-8210