Flathead County
Planning & Zoning
1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

GROWTH POLICY/NEIGHBORHOOD PLAN APPLICATION FOR "PRIVATELY INITIATED" AMENDMENT

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(S):

1. Name: _____ Phone: _____
2. Mail Address: _____
3. City/State/Zip: _____
4. Email: _____
5. Interest in property (if map amendment):_____

LANDOWNER(S) (if proposing to amend a map):

1. Name:_____ Phone: _____
2. Mailing Address:_____
3. City, State, Zip:_____
4. Email: _____

TECHNICAL/PROFESSIONAL PARTICIPANTS:

1. Name:_____ Phone: _____
2. Mailing Address:_____
3. City, State, Zip:_____
4. Email: _____

IF THE PROPOSED AMENDMENT IS TO A MAP PLEASE COMPLETE THE FOLLOWING:

A. Address(es) of the property: _____

B. Legal Description: _____
(Lot/Block of Subdivision or Tract #)

_____-_____-_____
Section Township Range *(Attach sheet for metes and bounds)*

C. Total acreage: _____

INFORMATION ABOUT THE PROPOSED AMENDMENT(S)

A. Please list the plan within which an amendment is being proposed, as well as the corresponding section(s) of the plan:

B. Please provide the exact text and/or maps showing the proposed amendment(s).

C. Please describe the reason(s) for the amendment(s).

CRITERIA FOR REVIEW:

Part 7 of Chapter 10 of the Flathead County Growth Policy establishes criteria for Growth Policy Amendments. Additionally, per Part 4 of Chapter 11 of the Flathead County Growth Policy, Neighborhood Plans are elements of the Growth Policy. Therefore, proposed amendments to *all* plans must address the following criteria:

A. In Montana, Growth Policies must comply with the requirements of 76-1-601, M.C.A. (attached). Explain how the proposed amendment affects the overall compliance of the Growth Policy and, if applicable, the Neighborhood Plan, with 76-1-601, M.C.A.

B. Explain the existing characteristics and/or projected trends in the community that are substantially different from those presented in the most recent plan update and upon which the proposed amendment is based.

C. Explain how the proposed amendment impacts both consistency within the plan proposed to be amended and consistency with other plans. (For example, if the proposed amendment is to a Neighborhood Plan, how does the proposed amendment impact the consistency of the text, goals and policies and maps within the plan, but also consistency with the provisions of the Growth Policy?)

D. Explain how the proposed amendment further protects and complies with the seven elements of the public's vision for the future of Flathead County. See Chapter 1, Part 1.

E. Explain the process of public participation and review that the proposed amendment has undergone and/or will undergo and discuss the sufficiency of this in the context of the proposed amendment.

F. If the proposed amendment is to a Neighborhood Plan and that plan has unique amendment criteria, please list the criteria and explain how the proposed amendment addresses each criteria.

* *

SIGNATURES (required):

For all amendments:

_____ _____

Applicant(s) Date

_____ _____

Applicant(s) Date

For map amendments:

The signing of this application signifies approval for FCPZ staff to be present on the property during the review process.

_____ _____

Landowner(s) Date

_____ _____

Landowner(s) Date

APPLICATION PROCESS APPLICABLE TO ALL "PRIVATELY INITIATED" PLAN AMENDMENTS:

A. Pre-Application Meeting.
A Pre-Application Meeting is highly recommended as an opportunity to discuss the proposed amendment(s) with a member of planning staff and share information beneficial for all parties. Matters pertaining to such things as amendment criteria, plan histories, processing timelines and sufficiency of public participation can be addressed.

B. Completed application form and supplemental information such as maps, documents referenced in criteria for review, etc.

C. Application fee.

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, Ste C200
Kalispell, MT 59901
Email: Planning.Zoning@flathead.mt.gov
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