



# Flathead County

## Planning & Zoning

40 11<sup>th</sup> Street West, Suite 220 Kalispell, MT 59901  
Telephone 406.751.8200 Fax 406.751.8210  
Email: Planning.Zoning@flathead.mt.gov

### APPLICATION FOR LAKE AND LAKESHORE VARIANCE

Filing Fee: **Variance - Minor:** \$485 **Permit Application #** \_\_\_\_\_  
**Variance - Major:** \$1,190

#### OWNER/APPLICANT

Owner: \_\_\_\_\_ Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

*Note: If applicant is not owner, the attached authorization form must be filled out and signed.*

#### **CONTRACTOR** (or person responsible for doing the work, if other than above)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### LOCATION OF THE PROJECT

Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Lake: \_\_\_\_\_ How many feet of Lakeshore frontage do you own? \_\_\_\_\_

#### ROAD DIRECTIONS TO REACH SITE: ***(Please include a gate code if applicable)***

\_\_\_\_\_  
\_\_\_\_\_

EXISTING STRUCTURES ON THE SITE: (Describe and give the dimensions of all structures, i.e., docks, boat ramps, boat shelters, buildings, retaining walls, etc., that exist on the lake or within 20 horizontal feet of the average high water line of the lake.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We are requesting a variance from the Flathead County Lake and Lakeshore Regulations as described in Section 5.1 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:

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SECTION OF REGULATIONS VARIANCE REQUEST APPLIES TO:

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FINDINGS OF APPROPRIATENESS AND NEED:

What unusual circumstances exist such that a strict enforcement of these requirements and standards would result in an undue hardship to you?

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Are there any reasonable alternatives to this project which would allow you to conform to the above regulations? (Please list)

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*Granting of the variance shall not have adverse impacts on the lake or lakeshore in terms of the "policy Criteria for issuance of a Permit" below during either construction or utilization:*

1) Will granting of the variance materially diminish water quality?

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2) Will granting of the variance materially diminish habitat for fish or wildlife?

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3) Will granting of the variance interfere with navigation or other lawful recreation?

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4) Will granting of the variance create a public nuisance?

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5) Will granting of the variance create a visual impact discordant with natural scenic values, as determined by the governing body, where such values form the predominant landscape elements?

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6) Will granting of the variance alter the characteristic of the shoreline?

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PROJECT INFORMATION: (Maps and drawings must be attached)

- A. Is Vicinity Plan Attached?  Yes  No
- B. Is Site Plan Attached?  Yes  No
- C. Is Project Drawing Attached?  Yes  No
- D. For a Major Variance, Is an Environmental Impact Statement Attached  Yes  No

SANITATION INFORMATION: Does the proposed activity involve a structure connected to a private well and/or septic system?  Yes  No

If yes, the following section is to be completed by the Flathead City/County Environmental Health Office:

Does the proposed development comply with the Flathead County Regulations for Onsite Sewage treatment systems?  Yes  No  N/A

\_\_\_\_\_  
Sanitarian Date

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**AFFIDAVIT**

***I hereby certify and say that to the best of my knowledge and belief, the statements contained in this Application, together with the plan and other data submitted, are a true and complete statement of all proposed work to be done and its effect or probably effects on the lake and lakeshore.***

\_\_\_\_\_  
Owner Signature Date

Notes:

- a. The signing of this application signifies approval for Flathead County Planning & Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.
- b. Work will be inspected for conformity with Variance.
- c. Variance expires one (1) year from date of issuance, unless renewed by governing body upon written request of the Applicant.

Updated 7/7/20



40 11th Street West, Ste. 220  
 Kalispell, MT, 59901  
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**WEB:** [flathead.mt.gov/planning\\_zoning](http://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 \_\_\_\_\_

<b>Please Check as Appropriate:</b>					
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Comment</b>
Staff was courteous and helpful					
Staff provided accurate information to me					
Staff response was considerate of my time					
My overall experience was positive					
<b>Please complete the section below if your contact with us involved permitting:</b>					
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:

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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:

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As a result of your experience with us, what service-related improvement(s) can you recommend?

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**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  
40 11<sup>th</sup> Street West, Suite 220  
Kalispell, MT 59901  
Email: [Planning.Zoning@flathead.mt.gov](mailto:Planning.Zoning@flathead.mt.gov)  
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