



Flathead County

Planning & Zoning

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

CANYON AREA LAND USE REGULATORY SYSTEM APPLICATION FOR MAJOR LAND USE REVIEW

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 \$ _____

OWNER(S) OF RECORD:

Name: _____ Phone: _____
Mailing Address: _____ City, State & Zip: _____

PERSON(S) AUTHORIZED TO REPRESENT THE OWNER(S) AND TO WHOM ALL CORRESPONDENCE IS SENT:

Name: _____ Phone: _____
Mailing Address: _____ City, State & Zip: _____

LEGAL DESCRIPTION OF PROPERTY (Refer to Property Records):

Physical Address: _____ S _____ T _____ R _____
Subdivision Name: _____ No.(s) _____ Lot No.(s) _____ Blk No. _____

1. Middle Canyon Region Upper Canyon Region

2. Describe proposed use: _____

3. Attach a site plan (drawing) of property showing the following:

- a. Surrounding land use (usually within 300 feet).
- b. Dimension and shape of lot.
- c. Topographic features of lot.
- d. Water courses, drainages, wetlands.
- e. Size, location and use of existing and proposed buildings, open areas, etc.
- f. Roads, driveways, proposed parking.
- g. Easements for utilities.

4. Explain how the proposed use meets all of the required criteria below. The more information you can provide, the easier it is for staff to review the application.

a. Outdoor Advertising

(1) Is outdoor advertising proposed as part of this application? Yes No

(2) Has a permit been obtained from MDT for an outdoor advertising sign? Yes No N/A

Permit Number: _____

(3) If a sign is proposed and/or existing, please provide information on the type, location, and dimensions of sign:

b. Access and Road Standards. (Please provide information regarding the proposed and existing access/driveway and roads including type and dimensions and traffic flow):

c. Sanitation.

(1) Has a permit been obtained from the Flathead City-County and Environmental Health Department and Montana Department of Environmental Quality? Yes No N/A

(2) Proposed method for solid waste disposal:

(3) Is livestock proposed and/or existing? Yes No If yes, what type and how many?

d. Flood Hazard Areas. Is the property located within the mapped floodplain? Yes No
If yes, please provide floodplain location on attached site plan.

e. Natural Resource Protection.

(1) Is the property located within the mapped wetlands? Yes No If yes, please provide wetland location on attached site plan.

(2) Please describe grading and drainage facilities and include on the attached site plan.

f. Site Development.

(1) Does the proposal require clustering? Yes No If yes, please show proposed clustering on attached site plan.

(2) Provide details on parking and loading area (including number of parking spaces):

(3) Describe location of all utilities (proposed or existing):

(4) Please describe proposed and/or existing screening, fencing and landscaping:

(5) Please describe proposed and/or existing sewer and water services:

g. Planned Community.

(1) Is a planned community proposed? Yes No If yes, please respond to the following:

(2) Will the proposed uses be connected to public water and sewer? Yes No

(3) What type of development is proposed (commercial, residential, etc.):

h. Dog Day Care Operations. Is a dog day care proposed? Yes No
If yes, please describe dog day care operation:

i. Short Term Rental Housing.

(1) Is a short term rental housing proposed? Yes No If yes, please respond to the following:

(2) **Emergency contact information.** This contact person or management company shall be available 24 hours a day, seven days a week and be able to arrive at the subject property within one hour should there be an emergency or problem.

Name: _____ Phone: _____

Mailing Address: _____ City, State & Zip: _____

j. General Information

(1) Please describe hours of operation and number of employees:

(2) Will the proposed use generate and noise, light, dust, or fumes:

5. Please attach any additional information which may have been requested at the pre-application meeting or which is necessary to further understand the project.

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 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 incorrect or untrue, I understand that any approval based thereon may be rescinded or other appropriate action taken. The signing of this application signified approval for FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature: _____ Date: _____

INSTRUCTIONS FOR MAJOR LAND USE APPLICATION FORM:

Major land use review is required and allowed only for those new or expanding uses specifically listed as "Major Land Uses" in Chapter 6 when not specifically exempted or subject to Minor Land Use Review. Review and recommendation to the County Commissioners shall be submitted by the Planning Board. The authority to approve, conditionally approve or deny a "major land use action" is that of the Board of County Commissioners.

1. A pre-application conference with the Flathead County Planning & Zoning staff is required prior to the submission of an application.
2. Submit completed application with the appropriate fee.
3. A separate fee made out to 'GIS' for the 'Adjoining Property Owners List'. The list will be sent directly to the Planning & Zoning office and is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.
4. The basis for review of this application is based on performance standards and performance guidelines as found in Chapters 4 and 5 of the Canyon Area Land Use Regulatory System adopted by Flathead County, Resolution #1049A.
5. This application will be forwarded to the Middle Canyon Land Use Advisory Committee (if applicable) for their review and comment.
6. The Flathead County Planning Board will hold a public hearing on this issue. A recommendation is forwarded to the County Commissioners for final action.
7. Approval, conditional approval, or denial of the application by the Commissioners within the applicable review period.



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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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