



Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

MAJOR SUBDIVISION PRELIMINARY PLAT APPLICATION

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 Code: _____

Email: _____

TECHNICAL/PROFESSIONAL PARTICIPANTS:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

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/TYPE 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 _____

APPLICABLE ZONING DESIGNATION & DISTRICT: _____

**IS SUBJECT PROPERTY LOCATED WITHIN 3-MILE BUFFER OF KALISPELL,
WHITEFISH, OR COLUMBIA FALLS?** _____

ESTIMATE OF MARKET VALUE BEFORE IMPROVEMENTS: _____

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)

* If the water supply and wastewater treatment systems are shared, multiple user, or public, provide a statement of whether the systems will be public utilities as defined in 69-3-101 and subject to the jurisdiction of the public service commission or exempt from public service commission jurisdiction. If exempt, provide an explanation for the exemption.

PROPOSED EROSION/SEDIMENTATION CONTROL: _____

VARIANCES: ARE ANY VARIANCES REQUESTED? _____ (yes/no)
(If yes, please complete the information on page 3)

SECTION OF REGULATIONS CREATING HARDSHIP: _____

PLEASE RESPOND TO THE FOLLOWING STATEMENTS IN THE SPACES PROVIDED BELOW: *(The Commission shall not approve a variance unless it finds that all of the following are met)*

1. The variance will not be detrimental to the public health, safety, or general welfare or injurious to other adjoining properties.

2. Due to the physical surroundings, shape, or topographical conditions of the property involved, strict compliance with the regulations will impose an undue hardship on the owner. Undue hardship does not include personal or financial hardship, or any hardship that is self imposed.

3. The variance will not cause a substantial increase in public costs, now or in the future.

4. The variance will not place the subdivision in nonconformance with any adopted growth policy, neighborhood plan or zoning regulations.

5. The variance is consistent with the surrounding community character of the area.

APPLICATION CONTENTS:

1. Completed Preliminary Plat application (*If submitting bound copies of the application materials, please also include one **unbound** copy for replication purposes*).
2. 14 folded copies of the preliminary plat. (*Either 18" X 24" or 24" X 36" per Appendix B- Flathead County Subdivision Regulations*).
3. One reproducible set of supplemental information (*See Appendix B -Flathead County Subdivision Regulations*).
4. One reduced copy of the preliminary plat not to exceed 11" x 17" in size.
5. Application fee.
6. An 'Adjoining Property Owners List' request form must be submitted with the application, with a separate fee (*see attached form*). 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.

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 1035 First Avenue West
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 Flathead County Planning and Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature

Date

Owner(s) Signature (*all owners must sign*)

Date



1035 First Ave West
 Kalispell, MT 59901
 406.751.8200
planningweb@flathead.mt.gov
flathead.mt.gov/planning_zoning

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 #	
TODAY'S DATE	
PICK UP DATE	
SPECIAL HANDLING INSTRUCTIONS	
PLANNER, SURVEYOR OR ENGINEER SIGNATURE	

Orders can be submitted in the Planning and Zoning Department via mail or email (planning.zoning@flathead.mt.gov).

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



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 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
Phone: (406) 751-8200
Fax: (406) 751-8210

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