

Flathead County

Planning & Zoning

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

PLANNED UNIT DEVELOPMENT OVERLAY 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 \$ _____

DEVELOPMENT NAME: _____

OWNER(S) OF RECORD:

1. Name: _____ Phone: _____

2. Mail Address: _____

3. City/State/Zip: _____

4. Email: _____

5. Current zoning: _____ PUD overlay requested: _____

6. Type of PUD: ___ Residential ___ Commercial ___ Industrial ___ Marina ___ Mixed use

APPLICANT/TECHNICAL/PROFESSIONAL PARTICIPANTS:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE PROPERTY UPON WHICH THE PUD OVERLAY DISTRICT IS REQUESTED:

A. Address of the property: _____

B. Legal Description: _____

[Lot and Block of Subdivision or Tract #(s)]

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

C. Total acreage: _____ (must contain at least 2 acres)

D. Is the PUD located where public and private facilities and services are available or will become available by the time development reaches the stage where they will be required? _____

E. Is the property under single ownership? _____

PLEASE DISCUSS THE PROPOSAL IN RELATIONS TO THE FOLLOWING REVIEW CRITERIA:

A. Promoting the Growth Policy: _____

B. Extent to which the plan departs from the underlying zone and the subdivision regulations including but not limited to density, bulk and use, and the reasons why such departures are not detrimental to the public interest: _____

C. The nature and extent of the common open space in the PUD project, the reliability of the plans for maintenance and conservation of open space, and the adequacy of the amount and function of the open space: _____

D. The adequacy of the proposals provision for public services, control over vehicle traffic and amenities of light or air, recreation, and visual enjoyment: _____

E. The relationship of the planned development project to the neighborhood in which it is proposed: _____

F. In the case of a plan that proposes development over a period of years, the sufficiency of the terms and conditions proposed to protect and maintain the integrity of the plan:

G. Conformity with the applicable provisions of this chapter: (specifically 3.31.030 4. Use Regulations and 5. PUD Preliminary Plan)

The signing of this application signifies approval for FCPZ staff to be present on the property for routine monitoring and inspection during approval process.

Applicant Signature

Date

APPLICATION PROCESS

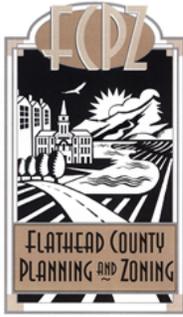
APPLICABLE TO ALL PUD OVERLAY DISTRICT APPLICATIONS:

A. Pre-Application Meeting:

A discussion with the Planning Director or designated member of staff must precede filing of this application. Among topics to be discussed are: compatibility with the Growth Policy, conformance to PUD review criteria, and the application procedure.

B. Application Submittal, including:

1. Completed PUD Overlay District Application form and completed subdivision preliminary plat application where applicable. *(If submitting a bound copy of the application materials, please also include one **unbound** copy for replication purposes).*
2. A map showing the location and boundaries of the property.
3. An 'Adjoining Property Owners List' request form must be submitted with the application, with a separate fee *(see form below)*. 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.
 - *(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 require a 300 ft. buffer.)*
4. 16 copies of PUD preliminary plan (See Section 3.31.030 5 of Flathead County Zoning Regulations).
5. A Title Report of the subject property.
6. Application fee per schedule, made payable to the Flathead County Flathead Planning & Zoning Office (FCPZ).



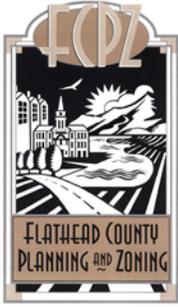
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FAX: 406.751.8210
EMAIL: PLANNINGWEB@FLATHEAD.MT.GOV
WEB: FLATHEAD.MT.GOV/PLANNING_ZONING

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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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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