



Flathead County

Planning & Zoning

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

ZONING ADMINISTRATOR INTERPRETATION APPEAL 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 \$ _____

Before completing this application please read instructions on page 2.

1. **APPELLANT:**

Name: _____
Address: _____ Phone: _____
City/State/Zip: _____
Email: _____

3. **TECHNICAL/PROFESSIONAL ASSISTANCE:** *(if applicable)*

Name: _____
Address: _____ Phone: _____
City/State/Zip: _____
Email: _____

4. **DATE OF INTERPRETATION:** _____

5. **HOW IS THE APPELLANT ASSOCIATED WITH THE INTERPRETATION:**

6. **LEGAL DESCRIPTION:** *(if interpretation pertains to a specific property)*

Subdivision *(if applicable)* _____ Lot/Tract(s) _____
Assessor # _____ Section _____ Township _____ Range _____

7. **ZONING DISTRICT:** _____ **ZONING DESIGNATION:** _____

8. **ZONING ADMINISTRATOR INTERPRETATION:** *(briefly summarize)*

8. **HOW HAS THE APPELLANT BEEN SPECIFICALLY AGGRIEVED BY THIS INTERPRETATION:**

10. **HOW DOES THE APPELLANT FEEL THE ZONING ADMINISTRATOR ERRED IN THIS INTERPRETATION:**

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 appeal, to be true, complete, and accurate to the best of my knowledge.

Appellant(s)

Date

INSTRUCTIONS FOR A ZONING INTERPRETATION APPEAL APPLICATION

1. ANSWER ALL QUESTIONS. Answers should be clear and contain all the necessary information. Use a separate sheet(s) of paper as necessary.
2. A fee per the FCPZ schedule of fees for a zoning appeal must be submitted with this application to cover the cost of necessary investigation, publication, mailing and processing procedures.
3. Where an appeal concerns a particular piece of property, 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.



40 11th Street West, Ste. 220
 Kalispell, MT, 59901
OFFICE: (406) 751-8200
FAX: (406) 751-8210
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:

Flathead County Planning and Zoning
40 11th Street West, Suite 220
Kalispell, MT 59901
Email: Planning.Zoning@flathead.mt.gov
Phone: (406) 751-8200
Fax: (406) 751-8210