



# Flathead County

## Planning & Zoning

40 11<sup>th</sup> Street West, Suite 220 Kalispell, MT 59901  
Telephone 406.751.8200 Fax 406.751.8210

### PETITION FOR ZONING AMENDMENT

*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 \$** \_\_\_\_\_

**APPLICANT/OWNER:**

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Mail Address: \_\_\_\_\_
- 3. City/State/Zip: \_\_\_\_\_
- 4. Interest in property: \_\_\_\_\_

**Check which applies:**

Map Amendment

Text Amendment:

**TECHNICAL/PROFESSIONAL PARTICIPANTS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

**IF THE REQUEST PERTAINS TO AN AMENDMENT TO THE TEXT OF THE ZONING REGULATIONS, PLEASE COMPLETE THE FOLLOWING:**

- A. What is the proposed zoning text/map amendment?

**IF THE REQUEST PERTAINS TO AN AMENDMENT TO THE ZONING MAP PLEASE COMPLETE THE FOLLOWING:**

- A. Address of the property: \_\_\_\_\_

- B. Legal Description: \_\_\_\_\_  
*(Lot/Block of Subdivision or Tract #)*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Section Township Range *(Attach sheet for metes and bounds)*

- C. Total acreage: \_\_\_\_\_

- D. Zoning District: \_\_\_\_\_

- E. The present zoning of the above property is: \_\_\_\_\_

- F. The proposed zoning of the above property is: \_\_\_\_\_

- G. State the changed or changing conditions that make the proposed amendment necessary: \_\_\_\_\_

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**THE FOLLOWING ARE THE CRITERIA BY WHICH ZONING AMENDMENTS ARE REVIEWED. PLEASE PROVIDE A RESPONSE AND DETAILED EXPLANATION FOR EACH CRITERION FOR CONSIDERATION BY THE PLANNING STAFF, PLANNING BOARD, AND COMMISSIONERS.**

1. Is the proposed amendment in accordance with the Growth Policy/Neighborhood Plan?
2. Is the proposed amendment designed to:
  - a. Secure safety from fire and other dangers?
  - b. Promote public health, public safety and the general welfare?
  - c. Facilitate the adequate provision of transportation, water, sewerage, schools, parks and other public requirements?
3. Does the proposed amendment consider:
  - a. The reasonable provision of adequate light and air?
  - b. The effect on motorized and non-motorized transportation systems?
  - c. Compatible urban growth in the vicinity of cities and towns that at a minimum must include the areas around municipalities?
  - d. The character of the district and its peculiar suitability for particular uses?
  - e. Conserving the value of buildings and encouraging the most appropriate use of land throughout the jurisdictional area?
4. Is the proposed amendment, as nearly as possible, compatible with the zoning ordinances of nearby municipalities?

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*The signing of this application signifies approval for the Flathead County Planning & Zoning staff to be present on the property for routine monitoring and inspection during approval process.*

\_\_\_\_\_  
Owner/Applicant Signature(s)

\_\_\_\_\_  
Date

## **APPLICATION PROCESS**

### **APPLICABLE TO ALL ZONING APPLICATIONS:**

A. Pre-Application Meeting:

A pre-application meeting is highly recommended. This can be scheduled at no cost by contacting the Planning & Zoning office. Among topics to be discussed are: Master Plan compatibility with the application, compatibility of proposed zone change with surrounding zoning classifications, and the application procedure.

B. Completed application.

C. Application fee.

D. The application must be accepted as complete by the Flathead County Planning & Zoning staff prior to the date of the planning board meeting at which it will be heard in order that requirements of state statutes and the zoning regulations may be fulfilled.

### **APPLICABLE TO APPLICATIONS FOR ZONE CHANGE:**

A. Application Contents:

1. Completed Zone Change application, including signatures of all property owners applying for zoning map amendment.

IF this is a **MAP** amendment the following are also required:

- i) A map showing the location and boundaries of the property (*vicinity map*).
- ii) A Title Report of the subject property
- iii) 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  
 HALESPELL, MT, 59901  
**OFFICE:** 406.751.8200  
**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 \_\_\_\_\_

<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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