

Flathead County

Planning & Zoning

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

APPLICATION FOR A VARIANCE

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 4.

1. OWNER:

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

INTEREST IN PROPERTY: _____

2. APPLICANT: *(If different from above)*

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

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

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

4. LOCATION OF PROPERTY FOR WHICH VARIANCE IS SOUGHT:

Physical Address: _____

5. ZONING DISTRICT: _____ **ZONING DESIGNATION:** _____

6. DATE PROPERTY ACQUIRED: _____

7. LEGAL DESCRIPTION:

Subdivision *(if applicable)* _____ Lot/Tract(s) _____

Assessor # _____ Section _____ Township _____ Range _____

8. **REQUEST FOR A VARIANCE FROM THE PROVISIONS OF** *(State Section, Part, and Paragraph of the Zoning Regulations):* _____

9. **THIS IS A REQUEST FOR A VARIANCE IN RELATION TO THE PROVISIONS OF THE REGULATIONS** *(check one below):*

Area _____ Yard _____ Height _____
Coverage _____ Parking _____ Other _____

10. **STATE SPECIFICALLY THE CHANGE(S) PROPOSED AND THE REASON(S) SUCH CHANGE(S) ARE NECESSARY** *(use additional sheet if necessary):*

11. **EXPLAIN HOW YOUR CASE CONFORMS TO EACH OF THE FOLLOWING REQUIREMENTS** *(be complete, use additional sheet if necessary):*

A. Strict compliance with the provisions of these regulations will:
i. Limit the reasonable use of the property,

ii. Deprive the applicant of rights enjoyed by other properties similarly situated in the same district.

B. The hardship is the result of lot size, shape, topography, or other circumstance over which the applicant has no control.

C. The hardship is peculiar to the property.

D. The hardship was not created by the applicant.

E. The hardship is not economic (*where a reasonable or viable alternative exists*).

F. Granting the variance will not adversely affect the neighboring properties or the public.

G. The variance requested is the minimum variance, which will alleviate the hardship.

H. Granting the variance will not confer a special privilege that is denied other similar properties in the same district.

12. ATTACH A PLOT PLAN OR DRAWING.

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 signifies approval for FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.

Owner/Applicant Signature

Date

INSTRUCTIONS FOR VARIANCE APPLICATION

1. ANSWER ALL QUESTIONS. Answers should be clear and contain all the necessary information.
2. In answering Question 7, refer to the classification system in the Zoning Regulations and explain in detail the specific standards from which the applicant is seeking relief.
3. In answering Question 9, be specific and complete. In this and all other questions, if additional space is needed you may use additional paper, and list which section number you are continuing.
4. Answer Question 10, A-H completely and fully.
5. A copy of the plot plan or site plan must be submitted with each application (*Please include 6 copies if you submit a size larger than 11x17*).
6. 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.
7. A fee per the FCPZ schedule of fees for a variance application must be submitted with this application to cover the cost of necessary investigation, publication, mailing and processing procedures.



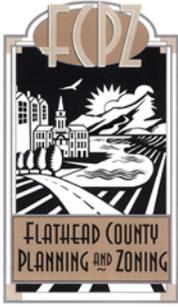
40 11TH STREET WEST, STE. 220
 HALESPELL, MT, 59901
OFFICE: 406.751.8200
FAX: 406.751.8210
EMAIL: PLANNINGWEB@FLATHEAD.MT.GOV
WEB: FLATHEAD.MT.GOV/PLANNING_ZONING

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 _____

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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