



City of Whitefish
 Planning & Building Dept.
 418 E 2nd St | PO Box 158
 Whitefish, MT 59937
 Phone: (406) 863-2410

File #: _____
 Date: _____
 Intake Staff: _____
 Check #: _____
 Amount: _____
 Acct #: 1000 101000 341070
 Date Complete: _____

SUBDIVISION EXEMPTION APPLICATION

FEE ATTACHED \$ _____
 (See current fee schedule)

INSTRUCTIONS:

- Submit the application fee, completed application and appropriate attachments to the Whitefish Planning & Building Department.
- Once approved, Planning staff will forward the original letter to the Surveyor on the application unless directed otherwise.

A. LEGAL DESCRIPTION OF PROPERTY: Street Address _____

Assessor's Tract No.(s) _____ Lot No(s) _____
 _____ Block # _____ Subdivision Name _____
 _____ 1/4 Sec _____ Section _____ Township _____ Range _____

I hereby certify that the information contained or accompanied in this application is true and correct to the best of my knowledge. The signing of this application signifies approval for the Whitefish staff to be present on the property for routine monitoring and inspection during the approval and development process.

 Owner's Signature¹

 Date

 Print Name

 Applicant's Signature

 Date

 Print Name

 Representative's Signature

 Date

 Print Name

¹ May be signed by the applicant or representative, authorization letter from owner must be attached. If there are multiple owners, a letter authorizing one owner to be the authorized representative for all must be included

APPLICATION CONTENTS:

Attached

- _____ Certificate of Survey (showing as-built information for any existing structures, eaves and access; clearly showing the old and new boundaries)
- _____ Vicinity Map
- _____ Municipal Facilities Exclusion, if within the city's service area
- _____ Signed Affidavit (attached)

B. OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

TECHNICAL/PROFESSIONAL:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

C. TYPE OF EXEMPTION SOUGHT:

- Gift or Sale to a Member of the Immediate Family [§ 76-3-207(1)(b)]: Complete Section D.
- Relocation of Common Boundary [§§ 76-3-207(1)(a), (1)(d), (1)(e)]: Complete Section E.
- Townhouse [§ 76-3-203]: Complete Section F.
- Other: _____: Complete Section G.

D. FAMILY TRANSFER SUBMITTAL REQUIREMENTS:

- Zoning Classification: _____
- Name of Grantee: _____
- Relationship to Grantor: _____
- Parcel to be Conveyed Under this Exemption: _____
- Has the Grantor Used a Family Transfer in Flathead County? (Yes/No): _____
 - If Yes, include date, name, exemption used and Certificate of Survey: _____
- How will access be provided to the parcel being created: _____
- How will utilities be provided: _____

E. BOUNDARY LINE ADJUSTMENT SUBMITTAL REQUIREMENTS:

- Zoning Classification: _____
- Minimum Lot Size Required in Zone: _____
- Number of Lots Affected: _____
- Gross Area of Lots Before and After the Lot Line Relocation:

- Will access to the lots change? If so, describe:

- How will utilities be provided:

F. TOWNHOUSE SUBMITTAL REQUIREMENTS:

- Zoning Classification: _____
- Did the original subdivision of land expressly complete the construction of townhouses? ____

 - If Yes, name of Subdivision: _____
 - If No, project is not eligible for this Exemption.
- Did the original subdivision comply with the parkland dedication requirements? ____

 - If Yes, describe how: _____
 - If No, project is not eligible for this Exemption.
- Is the proposal in conformance with applicable local zoning regulations?_____

 - If Yes, describe how: _____
 - If No, project is not eligible for this Exemption.

G. OTHER EXEMPTION REQUESTS:

- Identify the applicable MCA: _____
- Describe the purpose of the exemption:

- Are any required notes on the face of the COS? ____
 - If Yes, describe: _____



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PO Box 158
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Subdivision Exemption Affidavit

Date: _____

Flathead County Plat Room
800 South Main Street
Kalispell, MT 59901

The City of Whitefish has checked the survey described below and has found it to be in compliance with applicable zoning and subdivision regulations.

Surveyor: _____

Owner: _____

Survey: Section _____ Township _____ Range _____

Purpose: _____

The City is also requesting your review of this survey for compliance with established subdivision evasion criteria. Please notify our office if there are any issues related to this survey – including any changes or if you have any questions.

Sincerely,

City of Whitefish
Planning Department

