



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: _____

CONDO EXEMPTION FORM

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 contact the applicant to make arrangements to pick up the original approval letter to accompany the documents for recording at the Flathead County Clerk & Recorder.

A. LEGAL DESCRIPTION OF PROPERTY:

Address: _____
 Assessor's Tract No.(s) _____ Lot No(s) _____
 Block # _____ Subdivision Name _____
 Section _____ Township _____ Range _____
 Existing Units on Property _____
 Proposed Total Units _____

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 Signature**

 Date

 Print Name

 Applicant's Signature

 Date

 Print Name

 Representative's Signature

 Date

 Print Name

**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.

B. APPLICATION CONTENTS:

Attached ALL ITEMS MUST BE INCLUDED - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- A complete application and applicable fee
- A letter summarizing the request
- Declaration of Unit Ownership compliant with §70-23, M.C.A., Unit Ownership Act
- Declaration of Conditions, Covenants & Restrictions

C. OWNER/APPLICANT INFORMATION

OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

APPLICANT (if different than above):

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____