



City of Whitefish
 Planning & Building Dept
 418 E 2nd St | PO Box 158
 Whitefish, MT 59937
 Phone: (406) 863-2410
 Fax: (406) 863-2409

File #: _____
 Date: _____
 Intake Staff: _____
 Check #: _____
 Amount: _____
 Date Complete: _____

MINOR PRELIMINARY PLAT APPLICATION

FEE ATTACHED \$ _____
 (see current fee schedule)

INSTRUCTIONS:

- A Site Review Meeting with city staff is required. Date of Site Review Meeting: _____
- Submit the application fee, completed application, and appropriate attachments to the Whitefish Planning & Building Department. The City recommends complete applications be submitted a minimum of **sixty (60) days prior** to the City Council meeting at which this application will be heard.
- Schedule a Date and Time with City Staff to Submit the Application: _____ (Date/Time)
- The regularly scheduled meeting of the City Council is the first and third Mondays of each month at 7:10PM in the Council Chambers at 418 E 2nd Street.

A. PROJECT INFORMATION:

Project Name: _____
 Street Address: _____
 Assessor's Tract No.(s) _____ Lot No(s) _____
 Block # _____ Subdivision Name _____
 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 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:

All applicable items required by *Appendix B: Preliminary Plat Submittal Requirements* of the Whitefish Subdivision Regulations must be submitted to the Whitefish Planning & Building Department with the application for preliminary plat, including the following:

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

- One (1) printed copy and one (1) electronic copy of the Preliminary Plat Application and supplemental information
- Preliminary Plat
- Deed and Encumbrance Report (aka "title report"), no more than 90 days old
- Environmental Assessment (unless a 1st minor from a tract of record)
- Applicable items from Appendix B of the Whitefish Subdivision Regulations (can be found at: www.cityofwhitefish.org)
- Will this project provide affordable housing: Yes No
If yes, complete a Housing Mitigation Plan
- Additional information requested during the pre-application process
- Documentation from public records demonstrating the subdivision is a minor
- Fair Market Land Value (state of Montana Department of Revenue for the most current year)
- Recommendation from the Parks Board – unless exempt 12-410(C)
- \$100 deposit for sign to be posted on site during the duration of the public process (submit a separate check, which will be returned to you **after you return the sign to the Planning Office**)

When all application materials are submitted to the Planning & Building Department, and the staff finds the application is complete, the staff will schedule the subdivision for a public meeting before the City Council. The Council must act within 60 working days once an application is determined to be complete pursuant to §12-3-5 of the Subdivision Regulations.

I understand I am responsible for maintaining the public notice sign on the subject property during the entire public process. I understand I will forfeit my \$100.00 deposit, if I do not return the public notice sign to the Planning & Building Department in good condition after the public review.

Applicant Signature

Date

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: _____

OTHER TECHNICAL/PROFESSIONAL:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

D. GENERAL DESCRIPTION OF SUBDIVISION:

- Initial Preliminary Plat
- Amendment to an Approved Preliminary Plat
- Change a Condition of Approval to an Approved Preliminary Plat (attach a narrative explaining which condition you are requesting to be changed and why the condition is no longer valid or warranted)
- Re-file of an Expired Preliminary Plat; date preliminary plat expired: _____

ZONING DESIGNATION: _____

If proposing to change the underlying zoning, proposed zoning: _____

LOTS AND ACREAGE:

Total Acreage in Subdivision: _____ Number of Lots or Rental Spaces: _____

Maximum Size of Lots or Spaces: _____ Minimum Size of Lots or Spaces: _____

Total Acreage in Lots: _____ Total Acreage in Streets or Roads: _____

PROPOSED USE(S) AND NUMBER OF ASSOCIATED LOTS/SPACES:

Single Family: _____ Townhouse: _____ Mobile Home Park: _____

Duplex: _____ Apartment: _____ Recreational Vehicle Park: _____

Commercial: _____ Industrial: _____ Planned Unit Development: _____

Condominium: _____ Multi-Family: _____ Other: _____

CRITICAL AREAS ON-SITE OR NEARBY:

- Lake Wetlands Streams Stormwater Conveyance High Groundwater
- Slopes 10-30% Slopes 30%+ Floodplain

PARKLAND/OPEN SPACE PROPOSAL: The following information is required to show how the project meets the parkland dedication requirements of the subdivision regulations (Section 12-4-10). A recommendation from the Park Board is required to be submitted along with the application, unless exempted under the subdivision regulations 12-4-10(C).

- Date of Parks Board Meeting (prior to submitting an application): _____
- Market Land Value (state of MT Department of Revenue for the most Current Year): _____
- Total Acreage in Parks, Open Spaces and/or Common Areas: _____

IMPROVEMENTS TO BE PROVIDED:

Roads: Gravel Paved Curb Gutter Sidewalks Alleys Other (explain): _____

Water System: Individual Multiple User Neighborhood Public Other (explain): _____

Sewer System: Individual Multiple User Neighborhood Public Other (explain): _____

Other Utilities: Cable TV Telephone Electric Gas Other (explain): _____

Solid Waste: Home Pick Up Central Storage Contract Hauler Owner Haul

Mail Delivery: Central Individual

Fire Protection: Hydrants Tanker Recharge

Drainage System: _____

E. VARIANCES:

ARE ANY VARIANCES TO THE SUBDIVISION REGULATIONS BEING REQUESTED?

- Yes No

If yes, please complete the Variance Section (attached) and submit the applicable fee.

VARIANCE REQUEST

Completely address each of the following items, if requesting a variance to the Subdivision Regulations. The Council will use the information provided to evaluate the variance request – all criteria need to be met or found not applicable in order for the Council to grant the variance.

SECTION OF REGULATION CREATING HARDSHIP: _____

EXPLAIN THE UNDUE HARDSHIP CREATED WITH STRICT COMPLIANCE OF THESE REGULATIONS:

PROPOSED ALTERNATIVE(S) TO STRICT COMPLIANCES WITH ABOVE REGULATIONS: PLEASE

ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED BELOW:

1. Will the granting of the variance be detrimental to the public health, safety or general welfare or injurious to other adjoining properties? Explain.

2. How is the physical surrounding, shape or topographical conditions of the property limiting the ability to fully comply with the Regulations?

3. Is the hardship solely a financial hardship or a hardship that has been self-imposed? Explain.

4. Will the variance cause a substantial increase in public costs? Explain.

5. Will the variance cause the subdivision to be in nonconformance with any adopted zoning regulations, growth policy or adopted policies or regulations? Explain.