



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: _____

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:

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:

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

- 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)

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: _____

D. TYPE OF EXEMPTION SOUGHT:

- Gift or Sale to a Member of the Immediate Family [76-3-207(1)(b)]: Complete Section E.
- Relocation of Common Boundary [76-3-207(1)(a), (1)(d)]: Complete Section F.
- Agricultural Purposes [76-3-207(1)(c)]: Complete Section G.
- Other: _____: Complete Section H.

E. 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: _____

F. 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: _____

G. AGRICULTURAL PURPOSES SUBMITTAL REQUIREMENTS:

- Zoning Classification: _____
- Will this Parcel or any Remainder be Transferred to Someone Else? _____
If Yes, describe: _____
- Parcel to be Conveyed Under this Exemption: _____
- Copy of signed covenant, revocable only by mutual consent of the governing body and the property owner, indicating land will only be used for agricultural purposes. Such covenant shall be signed by property owner, buyer (if there is a purchaser) and governing body and recorded by the Certificate of Survey.
- How will access be provided to the parcel being created: _____

H. 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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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

It is hereby understood that this Affidavit seeks approval of the use of an exemption to subdivision review. It is also understood that approval of the use of the exemption is not approval under zoning, health, floodplain or other applicable regulations.

Under penalties of perjury, I / We declare that we have examined this form, including the accompanying Certificate of Survey, and to the best of our knowledge and belief, it is true, correct and complete and is in compliance with all Montana State laws and City of Whitefish ordinances and resolutions and the purpose of the survey for that which is stated.

 Owner's Signature – all must sign the application

 Date

 Print Name

Owner's Signature – all must sign the application

Date

Print Name

Owner's Signature – all must sign the application

Date

Print Name

Owner's Signature – all must sign the application

Date

Print Name