

**Development Services****Department**

201 1st Avenue East
Kalispell, MT 59901
Phone (406) 758-7940

MINOR SUBDIVISION PRELIMINARY PLAT**Email:** planning@kalispell.com**Website:** www.kalispell.com

Project Name

Property Address

NAME OF APPLICANT

Applicant Address

City, State, Zip

If not current owner, please attach a letter from the current owner authorizing the applicant to proceed with the application.

OWNER OF RECORD

Owner Address

City, State, Zip

CONSULTANT (ARCHITECT/ENGINEER)

Address

City, State, Zip

POINT OF CONTACT FOR REVIEW COMMENTS

Address

City, State, Zip

List ALL owners (any individual or other entity with an ownership interest in the property):

Legal Description (please attach a full legal description for the property and a copy of the most recent deed).

Before the application will be deemed to be accepted for review, our office must receive an approval of the legal description from the Flathead County Plat Room. Please submit the legal description to their office (plat@flatheadcounty.gov).

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GENERAL DESCRIPTION OF SUBDIVISION:

Number of lots or rental spaces _____

Total Acreage in subdivision _____

Total Acreage in lots _____

Minimum size of lots or spaces _____

Total Acreage in streets or roads _____

Maximum size of lots or spaces _____

Total acreage in parks, open spaces and/or
common spaces _____**PROPOSED USE(S) AND NUMBER OF ASSOCIATED LOTS/SPACES:**

Single Family _____

Townhouse _____

Mobile home/RV Park _____

Commercial/Industrial _____

Multi-family _____

Other _____

APPLICABLE ZONING DESIGNATION & DISTRICT: _____**ESTIMATE OF MARKET VALUE BEFORE IMPROVEMENTS:** _____**PROPOSED EROSION/SEDIMENT CONTROL:** _____**ARE ANY SUBDIVISION VARIANCES REQUESTED?** _____

(YES/NO)

If yes please complete a separate subdivision variance application

APPLICATION PROCESS

(application must be received and accepted by the
Kalispell Planning Department **30 days prior** to the
City Council meeting)

A pre-application meeting with the planning staff is required.

1. Completed preliminary plat application
2. Copy of pre-application meeting form and any required submittals listed on the form
3. One reproducible set of supplemental information. (See appendix A of the Subdivision Regulations)
4. One reduced size copy of the preliminary plat not to exceed 11"x17" in size
5. Electronic copy of the application materials, including the preliminary plat, either copied onto a disk or emailed to planning@kalispell.com (Please note the maximum file size to email is 20MB)
6. A bona fide legal description of the subject property and a map showing the location and boundaries of the property
*Note - verify with the Flathead County Plat Room that the legal description submitted is accurate and recordable. They can be reached at (406) 758-5510.
7. Environmental Assessment (see appendix B in subdivision regulations) if applicable.
8. Application fee based on the schedule in the link below, made payable to the City of Kalispell:
<https://www.kalispell.com/DocumentCenter/View/447/Planning-Fees-Schedule-2023-PDF?bidId=>

Fee Calculation Worksheet**Base Fee:** _____**Per Lot Fee:** _____

Subdivision with Waiver of Preliminary

Plat (if applicable): _____

SIA Fee (if applicable): _____**Total Fee:** _____

*** Effective October 1, 2025, a 3% processing fee will be applied to all credit card transactions. ***

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 a 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, and other appropriate action taken. The signing of this application signifies approval for the Kalispell City staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature _____

Date _____