CITY OF KALISPELL

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

MAJOR 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 **35 days prior** to the Planning Commission hearing)

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** _____