CHECKLIST FOR:

Lake County
Sanitation Evaluation Request Application

This checklist is to assure your application is complete so it can be processed promptly. Please use the check boxes next to each item. You will be notified within 5 working days if any key elements are missing. Be reminded that additional information may be required as the application goes through the review process. Examples include but are not limited to: easement, deed restriction, water test, soil profile, shared user agreement, property line staking, etc.

You are welcome to schedule an Informal Project Preview with the Environmental Health staff prior to submitting an application. This is a free service to ensure projects go as smoothly as possible from the beginning. We are more than happy to discuss your project and provide feedback!

Submit this checklist, application and fee to:

Lake County Environmental Health Department
106 4th Avenue East
Polson MT 59860

Phone 406.883.7236
FAX 406.883.7205
Email envhealth@lakemt.gov

Please check that you have completed the following:
☐ Check payable to Lake County Environmental Health Department (LCEH)
☐ Name & contact information for person requesting the evaluation
☐ If agent signs the application for owner, the Agent Certification Form included with the application
☐ Property legal description
☐ Location map or directions to assist staff in finding the property
☐ Proposed development, property use or other reason for request
☐ Simple Site Plan that includes the following: (include any/all depending upon the nature of your request) ▫ Scale – for example 1 inch = 2 feet ▫ North directional arrow ▫ Property lines ▫ All streams, lakes, springs, ponds, wetlands, irrigation ditches and other surface water within 100' of property lines ▫ All existing & proposed structures ▫ All existing or proposed wells, developed springs, or cisterns and water lines ▫ Driveways & parking areas ▫ Utility lines ▫ Any existing wastewater treatment system ▫ Any existing or proposed RV hook-up location ▫ Proposed drainfield area

See the department webpage for regulations and other information:
www.lakecounty-mt.org/envhealth

LAKE COUNTY
SANITATION EVALUATION REQUEST

LAKE COUNTY ENVIRONMENTAL HEALTH
106 FOURTH AVENUE EAST
POLSON, MT 59860-2175

PH: 406-883-7236
FAX: 406-883-7205
Email: envhealth@lakemt.gov

Return the completed application with the $200.00 fee to the above address.

DATE: _____

PERSON REQUESTING EVALUATION:

Name_____

Mailing Address_____

City/State/Zip _____

Phone _____ FAX _____

E-Mail Address _____

PROPERTY TO BE EVALUATED: (Fill in as much as possible)

Current Property Owner _____

Physical Address_____

Lake County Property Tax Number _____

Section _____ Township _____ Range _____

Government Lot #_____ COS # _____ COS Lot # _____

Subdivision Name _____ Lot # _____ Block # _____

Existing Development _____

Proposed Development or Use _____

_____

PROPERTY ACCESS AUTHORIZATION: (Must be completed)

By my signature below, I certify that I am either an owner of the property described above or the listing agent for the property with authority to permit access and do authorize access for purposes of this evaluation.

____ Owner ____ Listing Agent (Please check one)

_____ _____

Signature of Authorizing Person Date

Lot Layout:

Including:

a. property lines
b. existing and proposed structures, including basements
c. all existing or proposed wells, spring and cisterns on or within 100 feet of the property lines
d. all streams, lakes, springs, ponds, irrigation ditches, and other surface water sources on or within 100 feet of property lines
e. driveways, parking areas
f. utility lines
g. any existing wastewater disposal facilities
h. a scale (for example: 1 inch=20 feet)
i. direction of slope on the property
j. a north directional arrow
k. replacement area or plan for proposed wastewater treatment system

Location Information: Draw a road map or write directions to the property. Include landmarks, road names, branch roads, distance mile markers, neighbors to the north and south, building colors/features, etc.

Lake County Planning and/or Environmental Health Department
Authorized Agent Statement by Property Owner(s)

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This document, or similar document or letter with original signature(s)*, must be signed by all owners named on the most recent property deed
or by all authorized signator(s) for any property owned by a trust, LLC or similar entity.

I (we), _____, the undersigned owner(s) or authorized signator(s) of property legally described as:

_____

_____

_____

_____

hereby agree to allow my(our) agent _____ to sign a Lake County Environmental Health and/or Planning Permit Application for purposes related to the development of the above-described parcel of land.

_____
Property Owner/Authorized Signator Date

_____
Property Owner/Authorized Signator Date

_____
Property Owner/Authorized Signator Date

_____
Property Owner/Authorized Signator Date

**A copy of this completed form will be accepted to initiate application review. However, this document with original signatures must be provided before the permit will be issued. Return to either department: FAX 406-883-7205, planning@lakemt.gov, envhealth@lakemt.gov, or 106 4th Avenue East, Polson MT 59860*