



# CHECKLIST FOR:

## LAKE COUNTY CONDITIONAL USE 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.

You are welcome to schedule an **Informal Project Preview** with the Planning Department 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 the checklist, application materials (**2 copies**) and fee to:

Lake County Planning Department  
106 4<sup>th</sup> Avenue East  
Polson MT 59860

Phone 406.883.7235  
FAX 406.883.7205  
Email [planning@lakemt.gov](mailto:planning@lakemt.gov)

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Please check that you have completed the following:

- Check to Lake County Planning Department
- Applicant Contact Information
- Local Agent/Contractor Contact Information
- Project Location/Description
- Zoning Conformance Permit Application (typically needed unless no construction or change of land use)
- Description of Requested Conditional Use (item #5 on form), including narrative letter
- Landowner/Agent Certification and Signature(s)

Typically, the Lake County Board of Adjustment meets on the second Wednesday of each month in the Large Conference Room on the 3<sup>rd</sup> floor of the Lake County Courthouse. Requests for Board of Adjustment action, including conditional use applications, must be submitted to the Lake County Planning Department at least twenty-eight (28) days prior to the usual monthly meeting. All application related materials must be submitted prior to the submittal deadline.

See the department webpage for regulations and other information:

[www.lakemt.gov/planning/planning.html](http://www.lakemt.gov/planning/planning.html)

# CONDITIONAL USE APPLICATION

Application number: \_\_\_\_\_

This application must be used for conditional use requests in the local zoning districts of Lake County. Attach a check payable to the Lake County Planning Department for \$300.00 for the first conditional use request (include a \$100 fee for each additional conditional use request). Submit the application materials (2 copies) to the Lake County Planning Department, 106 Fourth Avenue East, Polson, MT, 59860.

*Please check (✓) the box next to each item below to demonstrate completion of the item. If an item is not applicable to your proposal, include N/A next to the box to indicate it is not required.*

- 1. Applicant Contact Information** (must be a landowner with interest in the property, who is authorized to propose and conduct the proposed activities):

Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_  
Email: \_\_\_\_\_

- 2. Local Agent/Contractor Contact Information\*** (if applicable):

Name of Agent/Contractor: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_  
Email: \_\_\_\_\_

*\* If more than one agent/contractor is being used, attach a sheet containing the additional information.*

- 3. Project Location/Description:**

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Subdivision, COS, or Deed Exhibit #, etc.: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
Section \_\_\_\_\_, Township \_\_\_\_\_ North, Range \_\_\_\_\_ West. Lot Size: \_\_\_\_\_ Acres / Square Feet (circle)

Tax ID Number: \_\_\_\_\_ Geocode: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Sub-Unit: \_\_\_\_\_

- 4. Zoning Conformance Permit Application:**

A Conditional Use Application typically must be submitted with a Zoning Conformance Permit Application, unless no construction, land disturbance, or change of land use is proposed. Is a Zoning Conformance Permit Application attached? - Yes or No (Circle one)

If a Zoning Conformance Application is not attached, please explain why not: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Requested Conditional Use(s):**

a) What conditional use(s) are you requesting? \_\_\_\_\_

b) Briefly, what would approval of the conditional use(s) allow? \_\_\_\_\_

c) Attach a narrative statement (letter) discussing the following items for the Board of Adjustment to consider when reviewing the conditional use request:

1. What effects the proposal (including elements such as noise, glare, etc.) will have on adjoining property;
2. How the proposal is compatible with other properties in the district;
3. What the relationship of the proposed use is to the intent of the Zoning District.

Please also discuss any applicable “standards for evaluation” and/or required findings required by the applicable zoning regulations.

**6. Landowner Certification:**

By signing this application, I certify that the information being provided is true and correct to the best of my knowledge and that I am the owner of the property authorized to represent zoning-related applications. I understand that the permit issued pursuant to these regulations strictly limits activities to authorized plans on file with Lake County and to all conditions of approval attached to the permit. Any changes to the proposed construction, including additional construction, would require additional review and approval by Lake County. I further understand that the applicable activity proposed by this application shall not commence on the proposed project until approval has been issued by the Lake County Planning Department and/or Board of Adjustment, as applicable. If construction commences prior to issuance of the permit, the applicant and the designated agents may be liable for fines, corrective actions, and/or after-the-fact permitting fees. Furthermore, I am familiar with the current zoning regulations that apply to the subject property. By completing and signing this application form, I certify that all work required to complete the proposed development will be done in compliance with the requirements of the zoning regulations, as well as all applicable regulations of Lake County and the State of Montana. Furthermore, I hereby grant permission to the members of the Lake County Planning Department staff, the Lake County Board of Adjustment, and their designated agents to enter onto the subject property for the purposes of evaluating this application and any construction or modification of the site that will occur as a result of this application.

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**LANDOWNER SIGNATURE(S)**

**DATE**

**Incomplete or erroneous applications will be returned to the applicant.**

*See following page for additional information.*

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Contact:

Lake County Planning Department  
106 Fourth Avenue East  
Polson, MT 59860

Phone: 406-883-7235

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