

# APPEAL APPLICATION

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

This application must be used for appeals to the zoning administrator's decision or interpretation related to any county zoning regulation in Lake County's jurisdiction. Attach a check payable to the Lake County Planning Department for **\$250.00** (PLUS \$10 per adjoining property to cover the cost of certified mail for notice of public hearing, if within the Polson City-County Planning Area of the Polson Development Code). Submit the application materials 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:**

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

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

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

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

**3. Property 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/Regulations: \_\_\_\_\_ Sub-Unit or Density Designation: \_\_\_\_\_

**4. Zoning Conformance Permit Application:**

Is a Zoning Conformance Permit Application attached? - Yes or No (Circle one)

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

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

**5. Appeal Information:**

a) What decision or interpretation of the zoning administrator or Planning Department is being appealed? \_\_\_\_\_

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- b) What section(s) of the applicable zoning regulations is this appeal related to? \_\_\_\_\_
- c) Briefly, what would reversal of the zoning administrator's decision or interpretation allow? \_\_\_\_\_
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- d) Attach a narrative statement (letter) discussing this appeal, for the Board of Adjustment to consider when determining if the zoning administrator's decision or interpretation should be overturned.
- d) Attach a copy of any relevant information regarding the zoning administrator's decision or interpretation of the zoning regulations that this appeal is related to.

**6. Applicant Certification:**

By signing this application, I certify that the information being provided is true and correct to the best of my knowledge. Furthermore, if I am the property owner related to this appeal, I hereby grant permission to the members of the Lake County Planning Department staff, the Lake County Board of Adjustment, or their designated agents to enter onto the subject property for the purposes of evaluating this application.

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**APPLICANT SIGNATURE(S)**

**DATE**

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

*See following page for additional information.*

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 appeal 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\*. Any application related materials submitted after the required deadlines, including information presented by the applicant at the Board of Adjustment meeting, may be rejected and not considered by the Board of Adjustment in reaching a decision. This may cause the matter to be postponed to a later Board meeting. The purpose of this is to ensure all information submitted for review by the Board of Adjustment, the Planning Department staff, and the public is submitted with a reasonable opportunity to review and consider. Note that the concurring vote of three of five members of the Board of Adjustment shall be necessary to decide in favor of the applicant's request or to effect any variance to a zoning regulation. If a concurring vote of three members of the Board is not achieved for any reason, the request shall be deemed denied, unless the Board takes formal action to table the matter or postpone consideration of the matter to a future meeting. Please contact the Lake County Planning Department for questions relating to the applicable zoning regulations, this application, or the Board of Adjustment rules.

*\*Polson Development Code note:* According to Chapter II, Section P of the Polson Development Code, the appellant shall file a properly completed notice of appeal and the required appeal fee with the administrator, within 10 days after notice of the decision was issued. Supporting materials may be filed later, but not less than 10 days before the hearing.

Contact:

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

Phone: 406-883-7235

Fax: 406-883-7205

Email: [planning@lakemt.gov](mailto:planning@lakemt.gov)

[www.lakecounty-mt.org/planning](http://www.lakecounty-mt.org/planning)