

Lake County Weed District

P O Box 670, Pablo MT 59855

406.883.7330

tlinse@lakemt.gov

Initial Subdivision Assessment Request

Date: _____

Subdivision/Development Name: _____

Developer: _____

Address: _____

Telephone: _____ Email: _____

Legal Description: *attach map* _____

Property Location: _____

Legal Owner: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Property to be used for: Residential / Commercial / Crop / Grazing / Other

Number of lots in subdivision: _____

Fee Schedule

Initial Site Assessment \$100.00 Check # _____

Comprehensive Management Plan \$160.00 Check # _____

Follow Up Fees

1 – 3 Lots \$250.00 Check # _____

4 – 9 Lots \$500.00 Check # _____

10 Lots or more \$1000.00 Check # _____

Total Paid \$ _____ **Needed by:** _____

Mail to Lake County Weed District, P O Box 670, Pablo MT 59855 with your fees.