



**City of Whitefish**  
**Planning & Building Department**  
 PO Box 158  
 418 E 2<sup>nd</sup> Street  
 Whitefish, MT 59937  
 Phone: 406-863-2410 Fax: 406-863-2409

File #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Intake Staff: \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Date Complete: \_\_\_\_\_

**SUBDIVISION EXEMPTION APPLICATION**

**FEE ATTACHED \$** \_\_\_\_\_  
 (See current fee schedule)

**INSTRUCTIONS:**

- Submit the application fee, completed application and appropriate attachments to the Whitefish Planning & Building Department.
- Once approved, Planning staff will forward the original letter to the Surveyor on the application unless directed otherwise.

**A. LEGAL DESCRIPTION OF PROPERTY:** Street Address \_\_\_\_\_  
 Assessor's Tract No.(s) \_\_\_\_\_ Lot No(s) \_\_\_\_\_  
 Block # \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 1/4 Sec \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

I hereby certify that the information contained or accompanied in this application is true and correct to the best of my knowledge. The signing of this application signifies approval for the Whitefish staff to be present on the property for routine monitoring and inspection during the approval and development process.

\_\_\_\_\_  
 Owner's Signature<sup>1</sup>

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Representative's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

<sup>1</sup> May be signed by the applicant or representative, authorization letter from owner must be attached. If there are multiple owners, a letter authorizing one owner to be the authorized representative for all must be included

**APPLICATION CONTENTS:**

**Attached**

- \_\_\_\_\_ Certificate of Survey (showing as-built information for any existing structures, eaves and access; clearly showing the old and new boundaries)
- \_\_\_\_\_ Vicinity Map
- \_\_\_\_\_ Municipal Facilities Exclusion, if within the city’s service area
- \_\_\_\_\_ Signed Affidavit (attached)

**B. OWNER(S) OF RECORD:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**TECHNICAL/PROFESSIONAL:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**C. TYPE OF EXEMPTION SOUGHT:**

- Gift or Sale to a Member of the Immediate Family [76-3-207(1)(b)]: Complete Section D.
- Relocation of Common Boundary [76-3-207(1)(a), (1)(d)]: Complete Section E.
- Agricultural Purposes [76-3-207(1)(c)]: Complete Section F.
- Other: \_\_\_\_\_: Complete Section G.

**D. FAMILY TRANSFER SUBMITTAL REQUIREMENTS:**

- Zoning Classification: \_\_\_\_\_
- Name of Grantee: \_\_\_\_\_
- Relationship to Grantor: \_\_\_\_\_
- Parcel to be Conveyed Under this Exemption: \_\_\_\_\_
- Has the Grantor Used a Family Transfer in Flathead County? (Yes/No): \_\_\_\_\_
  - If Yes, include date, name, exemption used and Certificate of Survey: \_\_\_\_\_
- How will access be provided to the parcel being created: \_\_\_\_\_
- How will utilities be provided: \_\_\_\_\_

**E. BOUNDARY LINE ADJUSTMENT SUBMITTAL REQUIREMENTS:**

- Zoning Classification: \_\_\_\_\_
- Minimum Lot Size Required in Zone: \_\_\_\_\_
- Number of Lots Affected: \_\_\_\_\_
- Gross Area of Lots Before and After the Lot Line Relocation:  
\_\_\_\_\_
- Will access to the lots change? If so, describe:  
\_\_\_\_\_
- How will utilities be provided:  
\_\_\_\_\_

**F. AGRICULTURAL PURPOSES SUBMITTAL REQUIREMENTS:**

- Zoning Classification: \_\_\_\_\_
- Will this Parcel or any Remainder be Transferred to Someone Else? \_\_\_\_\_
  - If Yes, describe: \_\_\_\_\_
- Parcel to be Conveyed Under this Exemption: \_\_\_\_\_
- Copy of signed covenant, revocable only by mutual consent of the governing body and the property owner, indicating land will only be used for agricultural purposes. Such covenant shall be signed by property owner, buyer (if there is a purchaser) and governing body and recorded by the Certificate of Survey.
- How will access be provided to the parcel being created:  
\_\_\_\_\_

**G. OTHER EXEMPTION REQUESTS:**

- Identify the applicable MCA: \_\_\_\_\_
- Describe the purpose of the exemption:  
\_\_\_\_\_
- Are any required notes on the face of the COS? \_\_\_\_\_
  - If Yes, describe: \_\_\_\_\_



**City of Whitefish**  
**Planning & Building Department**  
 PO Box 158  
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Subdivision Exemption Affidavit

Date: \_\_\_\_\_

Flathead County Plat Room  
 800 South Main Street  
 Kalispell, MT 59901

The City of Whitefish has checked the survey described below and has found it to be in compliance with applicable zoning and subdivision regulations.

Surveyor: \_\_\_\_\_

Owner: \_\_\_\_\_

Survey: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Purpose: \_\_\_\_\_

The City is also requesting your review of this survey for compliance with established subdivision evasion criteria. Please notify our office if there are any issues related to this survey – including any changes or if you have any questions.

Sincerely,

City of Whitefish  
 Planning Department

It is hereby understood that this Affidavit seeks approval of the use of an exemption to subdivision review. It is also understood that approval of the use of the exemption is not approval under zoning, health, floodplain or other applicable regulations.

Under penalties of perjury, I / We declare that we have examined this form, including the accompanying Certificate of Survey, and to the best of our knowledge and belief, it is true, correct and complete and is in compliance with all Montana State laws and City of Whitefish ordinances and resolutions and the purpose of the survey for that which is stated.

\_\_\_\_\_  
 Owner(s) – all must sign the application

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 Please Print Name

\_\_\_\_\_  
 Owner(s) – all must sign the application

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 Please Print Name

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Owner(s) – all must sign the application

---

(Date)

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Please Print Name

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Owner(s) – all must sign the application

---

(Date)

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Please Print Name