



**CITY OF POLSON**

Planning & Building Department  
106 1<sup>st</sup> Street E. | Polson, MT 59860  
T: 406-883-8214 | F: 406-883-8238  
E: bp@cityofpolson.com  
W: www.cityofpolson.com

Date Rec'd: \_\_\_\_\_  
Fee: \$ 175.00  
Permit #: \_\_\_\_\_

**SUBDIVISION EXEMPTION APPLICATION**

**APPLICATION PROCESS:** Please submit the application fee, completed application, and appropriate attachments to the City of Polson Planning Department. Staff will review the proposed use of the exemption within 30 days of completed submittal.

**APPLICANT NAME:**

Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**OWNER(S) OF RECORD:**

Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**TECHNICAL/PROFESSIONAL PARTICIPANTS (Surveyor/Designer/Engineer, etc.):**

Name & Address: \_\_\_\_\_  
Name & Address: \_\_\_\_\_  
Name & Address: \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY:**

City/County: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Assessor's Tract No.(s): \_\_\_\_\_ Lot No(s): \_\_\_\_\_  
1/4 Sec \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**TYPE OF EXEMPTION SOUGHT:**

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

**A. 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 Lake 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: \_\_\_\_\_

**B. 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: \_\_\_\_\_

**C. 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: \_\_\_\_\_

**D. 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: \_\_\_\_\_

\_\_\_\_\_  
(Applicant)

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

# SUBDIVISION EXEMPTION AFFIDAVIT

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

Lake County Plat Room  
106 4<sup>th</sup> Avenue East  
Polson, Montana 59860

The City of Polson 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 Polson  
Planning Department

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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 Polson 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

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

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