

Planning Department 201 1st Avenue East

201 1st Avenue East Kalispell, MT 59901 Phone: (406) 758-7940

Fax: (406) 758-7739 www.kalispell.com/planning

PETITION FOR ANNEXATION AND INITIAL ZONING

NAME OF APPLICANT:	
MAIL ADDRESS:	
CITY/STATE/ZIP:	PHONE:
INTEREST IN PROPERTY:	
Other Parties of Interest to be Notifie	ed:
PARTIES OF INTEREST:	
MAIL ADDRESS:	
	PHONE:
INTEREST IN PROPERTY:	
PLEASE COMPLETE THE FOLLO	OWING:
Address of the property:	
Legal Description:	
	(Lot and Block of Subdivision; Tract #)
(Section, Township, Ra	ange) (Attach metes and bounds as Exhibit A)
Land in project (ac):	
Current estimated market value	at 50% build out
at 100% build out	
Is there a Rural Fire Department RSID	or Bond on this property YesNo
If yes remaining balance is \$	
The present zoning of the above proper	ty is:
The proposed zoning of the above propo	erty is:
State the changed or changing condition	ns that make the proposed amendment necessary:
	es that the foregoing information is true and accurate based upon the grants approval for Kalispell Planning staff to be present on the he annexation process.
(Applicant)	(Date)

APPLICATION PROCESS APPLICABLE TO ALL ANNEXATION AND INITIAL ZONING APPLICATIONS

1. Pre-Application Meeting:

A discussion with the planning director or designated member of staff must precede filing of this application. Among topics to be discussed are: the application procedure, compatibility and compliance with the Growth Policy, and compatibility of the proposed zoning with surrounding zoning classifications.

- 2. Completed application form.
- 3. Completed Petition to Annex and Notice of Withdrawal from Rural Fire District form, including an Exhibit A, legal description of the property.
- 4. **Application fee** based on the schedule below and made payable to the City of Kalispell.

Fee Schedule:

Annexation (includes initial zoning) \$250 plus \$20/acre

5. **A bona fide legal description** of the property from a recent survey, title report or deed which accurately describes the property to be annexed.

Return to: Aimee Brunckhorst Kalispell City Clerk P.O. Box 1997 Kalispell, MT 59903

PETITION TO ANNEX AND NOTICE OF WITHDRAWAL FROM RURAL FIRE DISTRICT

The undersigned hereinafter referred to as Petitioner(s) respectfully petition the City Council of the City of Kalispell for annexation of the real property described below into the City of Kalispell.

The Petitioner(s) requesting City of Kalispell annexation of the property described herein and further described in Exhibit A hereby mutually agree with the City of Kalispell that immediately upon annexation of the land all City of Kalispell municipal services will be provided to the property described herein on substantially the same basis and in the same manner as such services are provided or made available to other properties within the rest of the municipality. Petitioner(s) hereby state that there is no need to prepare a Municipal Annexation Service Plan for this annexation pursuant to Section 7-2-4610, M.C.A. since the parties are in agreement as to the provision of municipal services to the property requested to be annexed.

In the event the property is not immediately annexed, the Petitioner(s) further agree(s) that this covenant shall run to, with, and be binding upon the title of the said real property, and shall be binding upon our heirs, assigns, successors in interest, purchasers, and any and all subsequent holders or owners of the above described property.

This City hereby agrees to allow Petitioner(s) to connect and receive the utilities from the City of Kalispell.

This City hereby agrees to allow Petitioner(s) to connect and receive all available utilities from the City of Kalispell excluding solid waste services. MCA 7-2-4736 prohibits the city from providing solid waste services to this property for a minimum of 5 years from date of annexation.

	Petitioner/Owner	Date
	Petitioner/Owner	Date
NOTE: You must attach an Exhibit the property to be annexed.	A that provides a bona fide leg	gal description of
STATE OF MONTANA) : ss County of Flathead County		
On thisday of, _ the State of Montana, personally appeared to me to be the person whose name is subs to me that he/she executed the same. IN WITNESS WHEREOF, I have hereum	scribed to the foregoing instrument a	known and acknowledged
year in this certificate first above written.	·	
	Notary Public, State of Mont Printed Name Residing at My Commission expires:	
STATE OF MONTANA) : ss	wry Commission expires.	
County of Flathead County		
On thisday of, the State of Montana, personally appeared to me to be the person whose name is substo me that he/she executed the same.		known
IN WITNESS WHEREOF, I have hereum year in this certificate first above written.	to set my hand and affixed my Notar	ry Seal the day and
	Notary Public, State of Mont Printed Name	
	Residing at	
	My Commission expires:	