

Zone _____
Failing _____
PreApp _____
Nitrate _____

Receipt Number _____

COMMERCIAL
JOINT SITE EVALUATION and SEPTIC SYSTEM PERMIT
APPLICATION FORM

Flathead City/County Health Department
Environmental Health Services
1035 1st Avenue West
Kalispell MT 59901
(406) 751-8130

1) LEGAL DESCRIPTION OF PROPERTY

Subdivision Name or EQ# _____ Lot # _____ Blk # _____
County Assessor's Tract No. (Example Tr. 3BD) _____ County Assessor's No. _____
Certificate of Survey (COS) or Deed Exhibit No. _____
Section _____ Township _____ Range _____
Parcel Size (Acres) _____
Address of Property _____ City _____ Zip _____

All new structures require new addresses assigned by GIS @ <https://flathead.mt.gov/gis/AddressRequestHome.php>

The information requested can be obtained from the County Plat Room. If the property is in a subdivision, you do not need the Co. Assessor's Tract No. and COS No. If the property is not in a platted subdivision, Tract No. and COS No. / Deed Exhibit are required. A complete copy of the COS/Deed Exhibit must be attached (if on file).
Incomplete applications will be returned.

2) LEGAL PROPERTY OWNER (Current owner, not buyer)

Owner's Name _____
Mailing Address _____
City _____ Phone _____
Email Address _____

If someone other than the legal property owner is to be the contact with this department, please complete the following:

Name and Affiliation _____
Mailing Address _____
City _____ Phone _____
Email Address _____

3) Licensed Installer's Name _____ **Email:** _____
Phone _____ **Self-Installed?** _____ If self-installed, a competency test is required (\$100 fee)

4) PURPOSE OF APPLICATION

Is this form being submitted to:

- _____ Obtain a site evaluation. \$275.00 (Fee required at the time of application. This is not a permit fee.)
_____ Non-degradation analysis. \$200.00 (Fee required at the time of application. This is not a permit fee.)
_____ Site Review. \$150 (Fee required at time of application. (This is not a permit fee.)
_____ Obtain a septic permit. (Permit fee varies and is due when the permit is issued.)

5) DEVELOPMENT- (also under construction)

Nature of Business _____
Number of Employees _____ Patrons _____
Will water be used in manufacturing, processing or distribution/sale of the product? Yes _____ No _____
If yes, explain: _____

Are floor drains proposed or do they exist? Yes _____ No _____
If yes, will they be plumbed into the septic system or into a separate system? _____
Describe any other form or type of waste disposal and wastewater disposal which is proposed: _____

6) **EXISTING DEVELOPMENT – Residential**

_____ Conventional Single Family No. of Bedrooms _____
_____ Mobile Home No. of Bedrooms _____
Configuration: _____ Single Wide _____ Double Wide _____ Modular
_____ Other _____

7) **WATER SUPPLY** (for proposed and/or existing development)

Existing _____ Proposed _____ Expanding existing _____
Size of water system?
_____ Individual (one connection)
_____ Shared (2 connections)
_____ Multi-User (3-14 connections to common system)
_____ Public (15+ connections or 25 or more people served at least 60 days per year)
Name _____
Source of Water? (if other than public or municipal)
_____ Well _____ Spring _____ Hauled/Cistern _____ Surface (name) _____
Water & Sewer District Planning Area _____
Distance between this property and the nearest public water and/or sewer service. _____

8) **REQUIRED ATTACHMENTS**

A detailed site plan- The site plan must clearly show existing and proposed development. Clearly label the items you show as existing and/or proposed. The site plan must include:

- 1. Lot boundaries and prominent features including surface water/wetlands
- 2. All structures
- 3. Water supply and distribution lines
- 4. Septic system sites
- 5. Replacement sites for septic systems
- 6. Driveways and parking areas
- 7. All utility lines
- 8. Locations of all wells and drainfields within 100 feet of the property lines.

A copy of the Certificate of Survey or Deed Exhibit (if not in a platted subdivision).

If you have additional information that you feel is pertinent to your application, use the space provided below or attach a separate piece of paper.

The building and drainfield sites must be physically staked, with a minimum of 3 ft. stakes that are clearly labeled. If not staked when inspector goes on site for the review, an additional fee of \$100 may be charged for a re-inspection.

9) **AUTHORIZATION**

I hereby declare the above information and the attachments to this application are true, complete and correct to the best of my knowledge. I authorize the Flathead City-County Health Department to enter onto my property for the purpose of conducting this site evaluation.

Property Owner's Signature _____ Date _____

Planning & Zoning Use Only

If zoned, does the proposed use comply with the Zoning Designation for the property? Yes _____ No _____
Zoning Designation _____
Is any of the property in the 100-year floodplain? Yes _____ No _____ Unmapped _____
Zoning Authorization Signature _____ Date _____