



LINCOLN COUNTY PLANNING DEPARTMENT

512 CALIFORNIA AVE | LIBBY, MT. 59923 | P: (406) 283-2309

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FINAL PLAT APPLICATION

1. Name of Subdivision: _____
2. SUBDIVIDER: Name: _____ Phone (____) _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
3. PREPARED BY: Company Name: _____ Daytime Phone (____) _____
Representative's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
4. Date Preliminary Plat Approved by Governing Body: _____
5. Tax Assessor No: _____
6. The following Final Plat Submittal Materials are attached:
 - ☐ A statement from the project representative outlining how each condition of approval has been met.
 - ☐ Fees
 - ☐ Final Plat
 - ☐ Parkland (if applicable)
 - ☐ Separate check for Clerk and Recorder for recording fees (total TBD by C&R)
 - ☐ Two (2) Permanent Record Filing Copies (Mylars) of the Final Subdivision Plat designed pursuant to all statutory requirements of ARM 24.183.1107.
One (1) extra "clean" paper copy with recording data
 - ☐ Original Plan Check copy with recording data and comments for Planning Department / Clerk and Recorder.

- ☐ The final plat MUST be signed by the following:
 - ☐ Owner(s) of record
 - ☐ Surveyor of Record
 - ☐ Examining Land Surveyor
 - ☐ Notary Public
- ☐ All utility easements must be shown with dashed lines with the following statement on the face of the plat:

"The Undersigned hereby grants unto each and every person, firm, or corporation whether public or private, providing or offering to provide telephone, electric power, gas, cable television, water or sewer service to the public, the right to joint use of an easement for each construction, maintenance, repair and removal of their lines and other facilities, in, over, under and across each area designated on this plat as "Utility Easement" to have and hold forever."
- ☐ Title Report from a Title Abstractor dated no less than 30 days prior to the date of submittal.
- ☐ A receipt from the County Treasurer stating that all real property taxes are paid.
- ☐ Certificate of Subdivision Approval from State D.E.Q. approving water, sewer and drainage plans.
- ☐ Original Certification from a professional engineer that all improvements have been designed and completed to applicable standards, *if required*.
- ☐ A Subdivision Improvements Agreement (SIA) with an acceptable form of guarantee or a copy of required public improvement plans with certification of a registered professional engineer that they have been completed in conformance with the plans (if applicable).
- ☐ Certificate of Waiver of Parkland Dedication and Acceptance of Cash in Lieu Thereof (*if required parkland area is not specifically dedicated on final plat*).
- ☐ Original signed & notarized Covenants, Conditions and Restrictions or Property Owners Association relating to the subdivision and including all required covenants.
- ☐ Road Maintenance Agreement(s)
- ☐ Public Road Approach Permit(s) (if applicable)
- ☐ Certification (*if required*) that an irrigation district has approved the plans for the maintenance and integrity of its system affected by the subdivision.

Certification of Developer

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be untrue, I understand that any approval based thereon may be rescinded and other appropriate action taken. The signing of this application signifies approval for Lincoln County to have persons present on the property for routine monitoring and inspection during the application review and development process.

Applicant Signature Date

Applicant Signature Date

Surveyor/Engineer Signature Date

Office Use Only	
Date Received: _____	Rec'd By: _____
Fee Paid: \$ _____	Cash / Chk: _____

1. All items for final plat have been submitted and are complete

☐ Yes

☐ No; *Items Missing or incomplete:*

2. Reviewed by: _____

3. Scheduled for review with Commissioners: _____