RAVALLI COUNTY
WASTEWATER EXCEPTION APPLICATION
--For shops, barns and related outbuildings--

Ravalli County Planning Department ■ 215 S. 4th Street, Suite F. Hamilton, MT 59840

Phone: (406) 375-6530 ■ Fax: (406) 375-6531 ■ Planning@ravallicounty.mt.gov $200-Fee

Instructions: Please *carefully review* the information requested. The Landowner must sign the back page before a notary public and submit this form, together with the requested attachments, to the Ravalli County Planning Department. Maps and drawings may be hand-drawn or based on copies of other document.

APPLICANT INFORMATION

1. Applicant Name: _____ Daytime Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Landowner Name: _____ Daytime Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. Questions about this Application should be directed to: _____

PROPERTY INFORMATION

4. Section: _____ Township: _____ Range: _____

5. Current legal description of property_____
(COS Number, Subdivision Name, etc.

6. Parcel number _____ (The number is shown on tax notices or can be obtained from the Clerk & Recorder's Office).

7. Acreage of subject property_____

EXISTING ZONING, COVENANTS, OR DEED RESTRICTIONS

8. Is the proposal located within a citizen initiated zoning district?

Yes _____ No _____ If yes, list the name of the district _____

If yes, is the proposed use consistent with the regulations? Yes _____ No _____

9. Are there existing restrictive covenants or deed restrictions on the property? (The plat books, located in the Clerk & Recorder's Office lists the book and page numbers of covenants and deed restrictions that apply).

Yes _____ No _____ If yes, attach of copy of them with your application.

10. Is the proposed structure in accordance with any existing restrictive covenants or deed restrictions on the property?

Yes _____ No _____ N/A _____

WASTEWATER TREATMENT INFORMATION

11. Type of wastewater treatment system proposed: Individual _____ Group _____ Municipal _____

ROADWAY INFORMATION

12. Name of the roadway that provides access to the subject property? _____

13. Will the proposed building access from this roadway? Yes_____ No _____

If no, name the roadway that is proposed to provide access_____

14. Will a new access be requested? Yes_____ No_____

If yes, provide evidence that a preliminary approach and encroachment permit from MDT or RCRBD, as appropriate, has been provided or provide clear evidence that the proposed approach is approvable.

REVIEW CRITERIA

15. Describe the current use of each structure(s) currently on the parcel and identify which structures are connected to wastewater (septic) treatment systems:

_____

_____

_____

_____

16. Describe the proposed use of the new structure:

_____

_____

_____

_____

17. Describe the extent and nature of plumbing proposed in the new structure (i.e. shower, sink, toilet, etc.):

_____

_____

_____

18. Please list any previously used exemptions and state the date, C.O.S. No. or Amended Plat name and the type of exemption used. If either the remainder parcel or the parcel created by exemption was transferred, name the transferee and provide a recording reference for the transfer.

Date	COS No.	Exemption Used	Transferee and recording reference

<u>REQUIRED</u> ATTACHMENTS:

A) A vicinity map showing the location of the parcel in relation to nearby public roads, waterways, and cities or towns.

B) A plan that shows property boundaries, accesses, and the footprint of every existing and proposed structure. Please differentiate between existing and proposed structures.

C) A floor plan of the proposed structure showing dimensions, internal compartmentalization, and location of all proposed wastewater facilities, including septic tank and lines.

WASTEWATER EXCEPTION: NOTICE OF CONDITIONAL REGULATORY APPROVAL AND VOLUNTARY LIMITATION ON USE OF PROPERTY

GRANTOR: [Landowner name as appears on the deed, and current address]	**GRANTEE:** Ravalli County 215 S. 4th St. Hamilton, MT 59840
Parcel #:	**Geocode:**

By signing this form, Landowner and Applicant acknowledge and agree to the following conditions should the Application for Wastewater Exception be approved:

The undersigned is owner of real property described as follows (the "Premises") [full legal description as shown on the deed or attach a copy of deed]:

In order to qualify for and take advantage of the Wastewater Exception of the Ravalli County Subdivision Regulations (to build the structure requiring wastewater treatment facilities as described in this Application without undergoing full subdivision review) the undersigned hereby accepts the following conditions to this regulatory approval and voluntarily limits the use of the Premises as described herein.

Conditions:

1. There may be no transfer of possession of any unattached portion of the Premises less than the entire parcel (including without limitation by renting or leasing the structure described in this application) unless additional prior subdivision approval has been obtained; for example, occupancy of the structure described in this Application may not be exchanged for money or any non-monetary consideration.

2. The undersigned may not modify the structure or the Premises such that the requirements of Ravalli County Subdivision Regulations Section 3-5-2 are no longer in compliance.

Any violation of the above conditions will result in retroactive revocation of the approval of this Application, and the structure described in the Application will be in violation of the Montana Subdivision and Platting Act and the Ravalli County Subdivision Regulations. The landowner and applicant will be subject to civil and criminal penalties as provided by law. Violation of the Montana Subdivision and Platting Act or the Ravalli County Subdivision Regulations is a

misdemeanor per Section 76-3-105 MCA, and false statements to a public official may constitute a misdemeanor per Sections 45-7-202 and 45-7-203, MCA.

If this application is revoked and the structure formerly allowed under Wastewater Exception fails to be subsequently approved in subdivision review, the County shall be entitled to remedy the violation by any reasonable means up to and including requiring the structure described in this application to be removed upon sixty (60) days notice from the Ravalli County Planning Department.

The undersigned acknowledges that if the Application is approved, the conditions contained herein shall operate as covenants running with the land for the direct benefit of the subject real property described above, and shall apply to and bind grantees of the parcel, their heirs, successors and assigns as provided in Montana law.

Approval of this Application to add another structure requiring wastewater treatment facilities without subdivision review by the Planning Department does not indicate that the property meets zoning requirements, health restrictions, sanitation in subdivision requirements and wastewater treatment and floodplain permitting, or other applicable regulations. **Approval of the use of an additional structure with a wastewater treatment facility does not guarantee approval of any subdivision request.**

This Application shall be recorded with the Ravalli County Clerk and Recorder if the Application is approved.

I swear and affirm that I have examined this Application and to the best of my knowledge and belief, it is true, correct, and complete.

_____

Signature of Landowner* date

_____

Signature of Landowner (if more than one)* date

_____

Signature of Landowner (if more than one)* date

_____

Signature of Applicant (if different than Landowner) date

* Must match the name(s) exactly as it (they) appear on the deed

STATE OF MONTANA)
: ss.
County of _____)

This instrument was acknowledged before me on the _____ day of _____, 20____, by _____, as an individual or as [title]_____ of [name of entity] _____.

_____
Notary Public for the State of Montana
_____[print name]
Residing at _____, _____
(SEAL) My commission expires_____

STATE OF MONTANA)
: ss.
County of _____)

This instrument was acknowledged before me on the _____ day of _____, 20____, by _____, as an individual or as [title]_____ of [name of entity] _____.

_____
Notary Public for the State of Montana
_____[print name]
Residing at _____, _____
(SEAL) My commission expires_____

STATE OF MONTANA)
: ss.
County of _____)

This instrument was acknowledged before me on the _____ day of _____, 20____, by _____, as an individual or as [title]_____ of [name of entity] _____.

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Notary Public for the State of Montana
_____[print name]
Residing at _____, _____
(SEAL) My commission expires_____