



Planning Department

Powell County Planning Department | 409 Missouri Ave | Suite 101 | Deer Lodge, Montana 59722
406.846.9729 | www.powellcountymt.gov

APPLICATION FOR EXEMPTION FROM SUBDIVISION REVIEW FAMILY CONVEYANCE

Property Owner

Name: _____

Address: _____

Phone: _____

E-mail: _____

Property Address: _____

Property Location: _____ S _____, T _____ N, R _____ W

Assessor Code(s): _____ Geocode(s): _____

Grantee(s), Relationship, Address, Phone, Email: _____

Describe Proposed Parcel & General Area: _____

Number of Additional Lots Created by This Exemption: _____

Applicable statute cited: _____ Survey Date: _____

A pre-application meeting is required before an Application can be accepted. A completed application consists of the COS Review Fee, Certificate of Survey and documents listed on this Application.

Signature acknowledges that all information on this application and any supporting materials is true and correct; that the permitted activity will be conducted in full compliance with all regulations of Powell County, and the activity will be in full compliance with any and all attached conditions.

Property Owner / Authorized Agent Signature: _____

Date: _____

- Formal submission includes the following:**
1. Completed Application
 2. Submit two 18 by 24-inch or larger paper copies of the COS to the Examining Land Surveyor
Robert Everly PE & PLS
P.O. Box 603
Butte, MT 59703
 3. Submit one 18 by 24-inch or larger paper copy of the COS to the Planning Department
409 Missouri Ave., Suite 101
Deer Lodge, MT 59722
 4. Send a PDF copy of the COS to the Planning Department
 5. Copy of Vested Deeds
 6. Draft copies of deeds of transfer or deeds for created lots (all deeds must have a Realty Transfer Certificate)
 7. Copies of easements (existing or being created through this COS)
 8. **The Recording Set must consist of two Mylars and three paper copies.**
 9. The applicant is responsible for the ELS fee as the COS cannot be recorder until paid.



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FAMILY CONVEYANCE

Size of Created Parcel(s): _____ Size of Remaining Parcel: _____

Are There Any Structures: _____ If Yes, How Many: _____

Is Your Primary Residence Located on This Parcel?: _____ If Yes, How Many: _____

Access Provided By: _____

Does the Road or Easement Serve Other Lots: _____ If Yes, How Many: _____

Are There Shared Sewer/Septic Facilities: _____ If Yes, How Many Lots: _____

Are There Shared Well /Water Facilities: _____ If Yes, How Many Lots: _____

Are There Shared Utility Easements: _____ If Yes, How Many Lots: _____

Are There Restrictive Covenants: _____ If Yes, What Kind: _____

Are There Shared Open Space: _____ If Yes, The Acreage: _____

Property Owner's Occupation: _____

Has The Proposed Division Previously Been Denied Through Another Exemption? _____

Was There Previous Interest to Divide the Parcel? _____ If Yes, Why Not Pursue Subdivision? _____

Justification: [The Reason for Seeking a Family Conveyance] _____

Has the Applicant Received a Previous Exemption? _____ If Yes, Explain: _____

Is the tract part of a subdivision? _____ Yes _____ No [MCA 76-3-207(1)(b) Prohibits Family Conveyances in Platted Subdivisions]

Parcel/Tract History

Did the original tract exist on or before July 1, 1973? _____ Yes _____ No | Please provide supporting documentation

Was the original tract subject to a previous exemption? _____ Yes _____ No | If yes, provide all surveys/deeds since 1973

NOTE - The petitioner is responsible for Examining Land Surveyor's Fees. The Planning Department will invoice the petitioner for the Fee. The petitioner will not be able to file the survey until reimbursement.

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Property Owner / Authorized Agent Signature: _____

Date: _____



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APPLICATION FOR FAMILY CONVEYANCE (COS)

CERTIFICATE OF SURVEY (COS) CERTIFICATIONS | Powell County Standards

Certificate of Surveyor

Date of Survey

Surveyor Signature

Date

(Seal)

Montana License #

Address

Certificate of Examining Land Surveyor

Reviewed pursuant to 76-3-611(2)(a), MCA

Robert F. Everly

Montana License #9754ES

Date

Certificate of Sanitarian (required in Powell County)

This amended plat has been reviewed to determine compliance with the Sanitation in Subdivision Act.

Tri-County Sanitarian Signature

Date

Certificate of Planning Director

This survey is exempt from local review as a subdivision under the Montana Subdivision and Platting Act, the Powell County Subdivision Regulations, and the Powell County Zoning & Development Regulations.

Planning Director Signature

Date

Certificate of Clerk and Recorder

STATE OF MONTANA)

: ss

County of POWELL)

Filed for record this _____ day of _____, 20____, at _____ o'clock.

Instrument No. _____ COS/Plat No. _____ File No. _____

County Clerk & Recorder Signature

Date

(Seal of County)