



Planning Department

Date Received _____

FAMILY CONVEYANCE \$150

Powell County Planning Department | 409 Missouri Ave | Suite 114 | Deer Lodge, Montana 59722
406.846.9795 | planning@powellcountymt.gov

APPLICATION FOR EXEMPTION FROM SUBDIVISION REVIEW

Property Owner

Name: _____
Address: _____
Phone: _____
E-mail: _____

Surveyor / Agent

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 completed Family Transfer Exemption Affidavits (Grantor & Grantee), the application review fee, Certificate of Survey (COS) as required per MCA 76-3-207, 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. Attached conditions are binding.

Property Owner / Authorized Agent Signature: _____ Date: _____

Formal submission includes the following:

1. Completed Application
2. Submit a PDF or two 18 by 24-inch or electronic 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 114
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 recorded until paid.



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Size of created parcels(s): _____ Size of remaining parcel: _____

Are there any structures: Yes No If yes, how many: _____

Is your primary residence located on this parcel: Yes No Access provided by: _____

Does the road or easement serve other lots: Yes No If yes, how many: _____

Are there shared sewer/septic facilities: Yes No If yes, how many lots: _____

Are there shared well/water facilities: Yes No If yes, how many lots: _____

Are there shared utility easements: Yes No If yes, how many lots: _____

Are there restrictive covenants: Yes No If yes, what kind: _____

Are there shared open space: Yes No If yes, the acreage: _____

Property owner's occupation: _____

Has the proposed division previously been denied through another exemption: _____

Was there previous interest to divide parcel: Yes No If yes, why not pursue subdivision: _____

Justification (Reason for seeking Family Conveyance): _____

Has the applicant received a previous exemption: Yes No If yes, explain: _____

Is the tract part of a subdivision: Yes No **[MCA 76-3-207(1)(b) Prohibits Family Conveyance 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 is received.

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Property Owner / Authorized Agent Signature: _____ **Date:** _____