

MUNICIPAL FACILITIES EXCLUSION CHECKLIST

Required under § 76-4-127 MCA
(formerly called master plan exclusion)

1. Does this subdivision affect property with an existing Title 76-4 Approval? Yes ____ No ____
If yes, then you may not use the Municipal Facilities Exclusion for this subdivision
2. Name of Subdivision: _____
3. Name and address of the applicant: _____

4. Name and address of engineer: _____

5. Location of the subdivision to the city or town, vicinity map attached: Yes ____ No ____
6. Copy of the Plat or Certificate of Survey or Unit Declaration and floor plan with exemption citation: Attached ____.
7. Number of parcels or units in the subdivision: _____
8. A copy of any applicable zoning ordinances in effect: _____
9. Copy of Growth Policy, if applicable: On file _____ Attached: _____
10. Will an extension of the existing sewer main(s) be necessary to serve this subdivision?
Yes ____ No ____
11. Will an extension of the existing water main(s) be necessary to serve this subdivision?
Yes ____ No ____
12. How construction of the sewage disposal and water supply systems or extensions will be financed. : _____
13. Has the governing body reviewed and approved plans to ensure adequate storm water drainage
Yes ____ No ____.
14. Exclusion Checklist review fee, (\$100) included: Yes _____ No _____

I certify that the subdivision or division is within an area covered by a growth policy pursuant to Title 76, chapter 1, MCA, or within a first-class or second-class municipality, as described in Section 7-1-4111, MCA.

I certify that adequate storm water drainage and adequate municipal facilities will be provided for the subdivision. I further certify that the governing body has reviewed and approved plans to ensure adequate storm water drainage.

For subdivisions subject to the Montana Subdivision and Platting Act, I certify that adequate municipal facilities for the supply of water and disposal of sewage and solid waste are available or will be provided within the time provided in Section 76-3-507, MCA.

I further certify that I am authorized to sign this form on behalf of the governing body.

Name _____ Signature _____

Dept _____ Title _____

City _____ Zip _____ Phone _____

Please sign and send with the \$100.00 review fee to:

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
SUBDIVISION REVIEW SECTION, PERMITTING AND COMPLIANCE DIVISION
PO BOX 200901
HELENA, MT 59620
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