



# PARK COUNTY

MONTANA

**Planning Department**  
414 East Callender Street, Livingston, MT 59047  
Telephone 406.222.4102 Fax 406.222.4109  
Email [planning@parkcounty.org](mailto:planning@parkcounty.org)

## **Preliminary Review Form for Subdivision Exemption Claim**

*\*Please Note: Incomplete Applications will not be approved\**

### **1. Claimant(s).** (If more than two claimants, please attach additional sheets.)

- a. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- b. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **2. Surveyor.**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **3. Existing Parcel(s).** (If more than two parcels, please attach additional sheets.)

- a. Address: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Other legal description: \_\_\_\_\_  
Zoning district: \_\_\_\_\_ Zoning designation: \_\_\_\_\_  
Assessor parcel #: \_\_\_\_\_

i. How and when was the parcel created (*example: Occasional Sale COS 999, 5/1/92*): \_\_\_\_\_

ii. Has a subdivision application for the parcel been withdrawn or denied?: \_\_\_\_\_

*Please explain:*

- b. Address: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Other legal description: \_\_\_\_\_  
Zoning district: \_\_\_\_\_ Zoning designation: \_\_\_\_\_  
Assessor parcel #: \_\_\_\_\_

i. How and when was the parcel created? (*example: Occasional Sale COS 999, 5/1/92*): \_\_\_\_\_

ii. Has a subdivision application for the parcel been withdrawn or denied?: \_\_\_\_\_

**4. Type of exemption and reason or justification.**

**Gift or sale to immediate family member (“family transfer”).**

<u>Recipient(s)</u>	<u>Relationship to Claimant</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach copies of all deeds, contracts, restrictions and covenants related to this property recorded within the past year.

If recipients are under age 18, attach documentation of trust, custodianship pursuant to the Montana Uniform Transfers to Minors Act, etc.

Date Claimant(s) became sole owner(s) of parcel to be divided: \_\_\_\_\_

Note: see attached affidavit for Family Transfer Exemption Claims.

**Agricultural exemption.**  
 (Covenant running with the land, revocable only by mutual consent of the Commission and the property owner, that the land will be used exclusively for agricultural purposes. No structure requiring water or sewer facilities shall be utilized on this parcel.)  
 Description of current and proposed agricultural use: \_\_\_\_\_

**Relocation of common boundary lines outside or adjoining a platted subdivision.**  
 Describe and provide documentation showing the need or reason for the relocation (attach supporting documentation): \_\_\_\_\_

**Lot aggregation/relocation of common boundary lines within platted subdivision.**  
 Describe and provide documentation showing the need or reason for the relocation (attach supporting documentation): \_\_\_\_\_

**Security for construction (“mortgage survey”).**

Attach signed and notarized statement from lending institution confirming that the exempt parcel is necessary to secure a construction loan for buildings or other improvements on the parcel.

**Other.**  
 Reason/justification: \_\_\_\_\_

**5. Intentions for use.**

Claimants' and recipients' intentions for the use of each parcel (including existing, new and remainder parcels) (i.e., will the parcel(s) be used for agriculture, residences, etc.):

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**6. Intentions for disposition.**

Claimants' and recipients' intentions for the disposition of each parcel (including existing, new and remainder parcels) (i.e., after this transaction is finalized, will the parcel(s) be retained by recipient, sold, gifted, etc.):

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**7. Required attachments**

- Certificate of Survey:**
  - For Preliminary Review: Two paper copies.
  - For Final Review: Two (or more) Mylar copies and an approved preliminary copy.
- Copies of recorded deeds** documenting present ownership in all affected parcels.
- Copies of proposed deeds** for exchange of ownership, if any exchange is proposed.
- Copies of proposed deed restrictions or covenants**, if any.

If parcel is in a zoning district:

- Site plan showing all existing and proposed structures and proposed property lines.

If claim is for family transfer exemption:

- Copies of all deeds, contracts, restrictions and covenants related to this property recorded within the past year.
- If recipients are under age 18, documentation of trust, custodianship pursuant to the Montana Uniform Transfers to Minors Act, etc.

If claim is for mortgage exemption:

- Statement from lending institution confirming need.

## 8. Acknowledgements

- **I understand** that the State of Montana provides that certain divisions of land, which would otherwise constitute subdivisions, are exempt from local subdivision review and approval, unless the transactions are an attempt to evade the Montana Subdivision and Platting Act.
- **I affirm** that this exemption claim is not an attempt to evade the Montana Subdivision and Platting Act.
- **I recognize** that I may be subject to penalty if my actions are deemed to be an effort to evade subdivision review, as set forth in the Montana Code Annotated:
  - 76-3-301(3) If transfers not in accordance with this chapter [i.e., Chapter 3, Local Regulation of Subdivisions] are made, the county attorney shall commence action to enjoin further sales or transfers and compel compliance with all provisions of this chapter. The cost of such action shall be imposed against the party not prevailing.
  - 76-3-105 Violations. Any person who violates any provision of this chapter [i.e., Chapter 3, Local Regulation of Subdivisions] or any local regulations adopted pursuant thereto shall be guilty of a misdemeanor and punishable by a fine of not less than \$100 or more than \$500 or by imprisonment in a county jail for not more than 3 months or by both fine and imprisonment. Each sale, lease, or transfer of each separate parcel of land in violation of any provision of this chapter or any local regulation adopted pursuant thereto shall be deemed a separate and distinct offense.
  - 45-7-201. Perjury.
    - (1) A person commits the offense of perjury if in any official proceeding he knowingly makes a false statement under oath or equivalent affirmation or swears or affirms the truth of a statement previously made, when the statement is material.
    - (2) A person convicted of perjury shall be punished by imprisonment in the state prison for any term not to exceed 10 years or shall be punished by a fine of not more than \$50,000, or by both such fine and imprisonment.
    - (3) Falsification is material, regardless of the admissibility of the statement under rules of evidence, if it could have affected the course or outcome of the proceeding. It is no defense that the declarant mistakenly believed the falsification to be immaterial. Whether a falsification is material in a given factual situation is a question of law
    - (4) It is not a defense to prosecution under this section that the oath or affirmation was administered or taken in an irregular manner or that the declarant was not competent to make the statement. A document purporting to be made upon oath or affirmation at any time when the offender presents it as being so verified shall be deemed to have been duly sworn or affirmed.
    - (5) No person shall be guilty of an offense under this section if he retracted the falsification in the course of the proceeding in which it was made before it became manifest that the falsification was or would be exposed and before the falsification substantially affected the proceeding.
    - (6) Where the defendant made inconsistent statements under oath or equivalent affirmation, both having been made within the period of the statute of limitations, the prosecution may proceed by setting forth the inconsistent statements in a single count alleging in the alternative that one or the other was false and not believed by the defendant. In such case it shall not be necessary for the prosecution to prove which statement was false but only that one or the other was false and not believed by the defendant to be true.
    - (7) No person shall be convicted of an offense under this section where proof of falsity rests solely upon the testimony of a single person other than the defendant.
  - 45-7-202. False swearing.
    - (1) A person commits the offense of false swearing if he knowingly makes a false statement under oath or equivalent affirmation or swears or affirms the truth of such a statement previously made when he does not believe the statement to be true and:
      - (a) the falsification occurs in an official proceeding;
      - (b) the falsification is purposely made to mislead a public servant in performing his official function; or
      - (c) the statement is one which is required by law to be sworn or affirmed before a notary or other person authorized to administer oaths.
    - (2) Subsections (4) through (7) of 45-7-201 apply to this section.
    - (3) A person convicted of false swearing shall be fined not to exceed \$500 or be imprisoned in the county jail for any term not to exceed 6 months, or both.

**9. Affidavit**

\_\_\_\_\_, Claimant(s),  
being first duly sworn upon oath, deposes and says as follows:

I, as Claimant, have read the foregoing Application for Subdivision  
Exemption Claim, and affirm that it is true and correct.

\_\_\_\_\_  
Claimant's signature Date: \_\_\_\_\_

\_\_\_\_\_  
Claimant's signature Date: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(seal)

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_.

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**To be filled out by the Exemption Review Committee:**

County or Civil Deputy Attorney: Initial: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ <i>Reason Unsuitable for filing</i> _____ _____
Park County Sanitarian: Initial: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ <i>Reason Unsuitable for filing</i> _____ _____
Planning Department Staff: Initial: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ <i>Reason Unsuitable for Filing</i> _____ _____

***Please Note: This approval is null and void without a signed stamp of approval on the paper copies of the Certificate of Survey, by the Planning Department Staff representative.***

- Paper copies stamped and signed by Planning Department Staff Representative.***

\_\_\_\_\_  
*PLANNING DEPARTMENT STAFF*

\_\_\_\_\_  
*DATE*

**Step 2: Final Review Procedures:**

1. After the applicant(s) has received written confirmation of Preliminary Review from the Planning Department, including a signed approved copy of the Certificate of Survey and a copy of the Preliminary Review Form, the applicant shall then contact the Planning Department (222-4102) and set up an appointment with a staff member for final review.
2. At the final review meeting:
  - a. The applicant shall provide an approved paper copy, a final Mylar Copy, and a copy of the Preliminary Review Form.
  - b. The staff member will verify no discrepancies between the approved paper copy and the final Mylar Copy.
  - c. The staff member will sign the Final Review Form and provide a copy to the applicant.
3. The applicant shall then follow the steps delineated in **Step 3: Filing Certificate of Survey(s).**