Cascade County
COS/Plat Exemption Application Form

Cascade County Planning and GIS Department
121 4th St No, STE 2H/I, Great Falls MT 59401
Phone: 406-454-6905 Fax: 406-454-6919

Date: _____

OFFICE USE ONLY	
Planning Department Staff signature who reviewed this form: Printed Name: _____ Date: _____	Survey No.: _____ Land Use App: _____ ☐ Date received: _____ ☐ Date Paid: _____ ☐ Initial Staff Meeting/Review Date: _____ ☐ Approved Date: _____ ☐ Deny Date: _____

I. SURVEYOR/COMPANY: _____

License #: _____ Surveyor Email: _____

Work Phone: _____ Cell Phone: _____

Property Owner(s): _____

Property Address (if applicable): _____

Legal Description of Surveyed Property: Sec_____ T_____ R_____ Lot(s) _____ Blk_____

Certificate of Survey (COS) or Plat: _____ Total Number of Parcels Surveyed: _____

Total Acreage of Each Lot: _____

II. Please select which Exemption is being used:

☐	Minor Subdivision	☐	Major Subdivision
☐	Over 160 Acres	☐	Correction Survey
☐	Existing Parcel (or Retracement)	☐	Survey to Establish Easement
☐	Easement	☐	Highway Construction, 76-3-209
☐	State Land Division, 76-3-205	☐	Relocation of Common Boundary Line (outside platted subdivision), 76-3-207(1)(a)
☐	Construction Mortgage, 76-3-201(1)(b)	☐	Family Conveyance, 76-3-207(1)(b)
☐	Mineral Rights, 76-3-201(1)(c)	☐	Agricultural Land, 76-3-207(1)(c)
☐	Cemetery Lot, 76-3-201(1)(d)	☐	Subdivision Relocation of Common Boundary Lines, 76-3-207 (1)(d)
☐	Reservation of Estate, 76-3-201(1)(e)	☐	Relocation of Common Boundary Single Lot and Platted Subdivision, 76-3-207(1)(e)
☐	Lease/Rental for Farming and Agricultural, 76-3-201(1)(f)	☐	Aggregation of Lots, 76-3-207(1)(f)
☐	Utility Site or Right of Way, 76-3-201(1)(h)	☐	Alternative Exemption: _____

III. State reason(s) showing the need for relocation of Certificate of Survey/ Amended Plat

_____

_____

_____

____ YES ____ NO IV. Was the original tract of land ever submitted for review or denied approval as a subdivision?

A division or transfer of a land exemption may be illegal, if the proposed division or transfer meets any of the following criteria:

____ YES ____ NO The "original tract" is the tract of land established as of July 1, 1973. Have any exemptions been used for divisions of land on the original tract? If "yes", please provide the history of land divisions below and attached a copy of each Certificate of Survey:

Date	Exemption	Tract Label	Tract Size	COS No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

____ YES ____ NO 1. Does is create a parcel of less than 160 acres which prior to the survey, has more than 160 acres?

____ YES ____ NO 2. Does it create any additional parcel of land less than 160 acres in size?

____ YES ____ NO 3. Does it fit a previously established pattern of land divisions and land transfers?

____ YES ____ NO 4. Does it create three or more parcels that were subdivided from the original tract?

____ YES ____ NO 5. Would the use of the exemption violate any statue, case law, administrative rules, or Attorney General opinions?

____ YES ____ NO 6. Has the proposed division of land ever been denied under any other exemption?

____ YES ____ NO 7. Has the applicant used exemptions to create parcels from the original tract or other tracts?

V. Please select which Exemption from Sanitation Requirements:

☐	Existing Wastewater System Predates April 29, 1993, 76-4-125(2)(e)(ii)
☐	Parcel Surveyed is Larger than 20 Acres, 76-4-102 (16)
☐	Parcel Surveyed Will Not be Used for Development and Sanitary Restriction will be Used, A.R.M. 17.36.605(2)(a)
☐	Parcel Surveyed will be Reviewed by DEQ and a Certificate of Subdivision Approval (COSA) Issued
☐	Alternative Exemption: _____

VII. Additional Required Documents:

☐	Current Deeds showing updates to legal description(s)
☐	Include affidavit, where necessary
☐	A 24"x 36" paper copy and/or digital copy of COS/PLAT (.pdf or .tif) sent to: planningcomments@cascadecountymt.gov

Under penalty of perjury, I (we) declare that I (we) have examined this form and the accompanying Certificate of Survey, and to the best of my (our) knowledge and belief, they are true, correct, complete and are in compliance with all state laws and local regulations.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____