



**Application for COS Review
Or Amended Plat**

**Fee \$75.00
Fee \$200.00**

Please complete Sections 1 through 5 and any additional sections applicable to the exemption sought and attach copies of documents where requested. The completed statement must be submitted with the Certificate of Survey for review to the Dawson County Plat Room, 207 West Bell Street, Glendive, MT 59330.

1. LANDOWNER NAME/S: _____

2. SURVEYOR: _____

3. EXEMPTION: _____
(State name of exemption proposed as basis for division)

4. ZONING DESIGNATION: _____

5. HISTORY OF PARCEL:
The original tract is the tract existing 20 calendar years ago from which the proposed tract would be divided or of which the proposed tract was a part 20 calendar years ago.

Please state the number of exemptions previously used on the original tract regardless of ownership: _____

Please list each COS and the exemption claimed:

COS # _____ Exemption _____ Claimed by: _____

COS # _____ Exemption _____ Claimed by: _____

COS # _____ Exemption _____ Claimed by: _____

COS # _____ Exemption _____ Claimed by: _____

COS # _____ Exemption _____ Claimed by: _____

COS # _____ Exemption _____ Claimed by: _____

Has this parcel been subject to or part of an application for subdivision plat approval within the last 5 years?

6. ADDITIONAL INFORMATION FOR FAMILY TRANSFER EXEMPTION:
(Complete only if a family transfer exemption is sought.)

Is this gift or sale to a member or members of your immediate family? _____

Is this gift or sale for the benefit of the grantee and not for speculation or resale by the landowner? _____

Is this the first transfer that you (the landowner/applicant) will be making to this family member(s)? _____



If the answer is **NO** to the above question, provide an explanation on the back of this sheet.

Please provide the following information for parcels proposed for transfer:

NAME _____ RELATIONSHIP _____ MINOR CHILD? _____

NAME _____ RELATIONSHIP _____ MINOR CHILD? _____

NAME _____ RELATIONSHIP _____ MINOR CHILD? _____

NAME _____ RELATIONSHIP _____ MINOR CHILD? _____

Has the landowner divided other property in Dawson County using the Family Transfer exemption? _____

If YES, list the COS number, grantee, relationship and date: _____

Has the landowner received property from the intended grantee which was divided using an exemption? _____

If YES, provide the COS number and date: _____

7. ADDITIONAL INFORMATION FOR BOUNDARY RELOCATION OR LOT AGGREGATION:

(Complete only if boundary relocation or aggregation exemption sought)

Purpose of relocation: _____

Number of lots affected: _____

Number of lots remaining: _____

Does this Boundary Line Adjustment create a parcel of less than 160 acres, which, prior to relocation consisted of more than 160 acres _____

8. ADDITIONAL INFORMATION FOR COURT ORDERED EXEMPTION

Please attach a copy of the Court Order issued by the judge.

Note: Before a court orders a division of land, comments from the governing body will be obtained by the Court.

9. ADDITIONAL INFORMATION FOR SECURITY FOR CONSTRUCTION PARCEL:

(Complete only if a security exemption is sought.)

Will the division, upon foreclosure, create more than one new parcel? _____

Will the landowner retain possession of the remainder? _____

Will the mortgagee retain possession of the exempted parcel? _____

Does any prior agreement exist to default or to purchase only a portion of the original tract? _____



It is understood that this Statement seeks approval of the use of an exemption to subdivision review to divide property. It is also understood that approval of the use of the exemption is not approval under zoning, health, floodplain, or other applicable regulations.

I/We certify that the use of the claimed exemption is not for the purpose of evading subdivision review of the Montana Subdivision and Platting Act and that it meets the Dawson County criteria for determination of evasion of the Act.

Under penalties of perjury, I/we declare that I/we have examined this form, including the accompanying Certificate of Survey, and to the best of my/our knowledge and belief, it is true, correct, and complete and is in compliance with all Montana State laws and Dawson County resolutions and the transfer of property will occur as represented.

Landowner Signature
[Note :Landowner signature mandatory]

Landowner – Print name

STATE OF MONTANA)
 : ss.
COUNTY OF DAWSON)

On this _____ day of _____, 20 _____, before me, a Notary Public for the State of Montana, personally appeared _____, known to me (or proved to me on oath) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.

(SEAL)

Notary Public for the State of Montana

Print Name
Residing at _____
My commission expires _____

Surveyor Signature
[Note: Surveyor signature mandatory.]

Surveyor – Print name