

All documentation and fees must be submitted before 5:00pm on Wednesdays to ensure review by the County Staff on the following Wednesday.



BEAVERHEAD COUNTY CERTIFICATE OF SURVEY CHECKLIST

Name of Survey: _____

The attached certificate of survey qualifies for use of the exemption: _____

found in Montana statute: _____. and is based upon the information submitted by the petitioners:

- See the attached Subdivision Exemption Review Criteria: #2. (a-f)
- See the attached Exhibit B (for examples of certification required on the face of the survey)

Prior to the filing of the attached certificate of survey, the following section must be signed by the applicable Beaverhead County staff. Original staff initials should be placed in the blank provided:

_____ COUNTY PLANNER

_____ COUNTY SANITARIAN

_____ COUNTY CLERK AND RECORDER

_____ EXAMINING LAND SURVEYOR

_____ SURVEYOR- Final Review of corrected Preliminary by Survey Review Committee (Optional)

_____ COUNTY COMMISSIONER (If Applicable)

THIS CHECKLIST MUST ACCOMPANY THE CERTIFICATE OF SURVEY AND MUST BE COMPLETED FOR THE SURVEY TO BE FILED WITH THE CLERK AND RECORDER.

OFFICE USE ONLY: (Filing Information)