



CERTIFICATE OF SURVEY EXEMPTION AFFIDAVIT

Community Development Department, Planning Division

316 North Park Avenue, Room 445, Helena, MT 59623

406-447-8490; citycommunitydevelopment@helenamt.gov

Date received:

**Certificate of Survey Exemption Affidavit
City of Helena**

Gift or Sale to Immediate Family Member

Section 76-3-207(1)(b), MCA.

Section 76-3-207(2)(b)(i)(C), MCA.

When a landowner requests to be exempt from the Subdivision and Platting Act, state law requires the City of Helena determine whether the request is an attempt by the property owner to evade subdivision regulation. The City of Helena will use the information provided by the applicant in this affidavit as well as other evidence when making its determination.

Please review the City of Helena Subdivision Regulations, Appendix I, and Montana Code Annotated, Sections 76-3-201 and 76-3-207, before completing this application.

Please complete both sides of this application. Every owner of the property (owners of record) must sign this affidavit. Use additional sheets of paper if necessary.

A. Name of Landowners:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

B. Number of Parcels Proposed: _____.

C. Size of Each Parcel Proposed: _____, _____, _____, _____, _____.

D. Name and Relationship to Landowner of Family Member(s) Receiving Gift Parcel(s)

Name _____ Relationship _____

Age: _____ Current Mailing Address: _____

Name _____ Relationship _____

Age: _____ Current Mailing Address: _____

Name _____ Relationship _____

Age: _____ Current Mailing Address: _____

Name _____ Relationship _____

Age: _____ Current Mailing Address: _____

A "member of the "immediate family" may include only the grantor's spouse, children by blood or adoption, and parents. **Birth certificates and marriage licenses must be submitted with this application.**

E. History of the Parcel:

1. To your knowledge, have any exemptions been used to divide this property after July 1, 1973, including exemptions for mortgage tracts, gift or sale to an immediate family member, boundary line relocation, occasional sale? See Sections 76-3-201 and 76-3-207, MCA.

Yes No **If "yes", provide the chronological history of divisions and attach a copy of a Certificate of Survey or Deed evidencing the divisions:**

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

2. To your knowledge, regarding this property, did you or any previous owner ever attend a pre-application conference or submit for subdivision review of any part of this property, since July 1, 1973? Was any subdivision denied?

Yes No **If YES, explain:** _____

F. Proposed Exemption Information

To your knowledge:

1. Will each new parcel be used as a homesite for a family member?

Yes No **If NO, explain:** _____

2. Could the transfer be accomplished by a "relocation of common boundary lines"?

Yes No **If NO, explain:** _____

3. Will the newly created parcels become one of three or more parcels created from the original parcel after July 1, 1973?

Yes No **If YES, explain:** _____

4. Would the use of the family gift exemption violate any statute, case law, administrative rule, or Attorney General Opinion?

Yes No **If YES, explain:** _____

5. Does the parcel to be transferred fit a pattern of land divisions and land transfers?

Yes No **If YES, explain:** _____

6. Have any divisions of land ever been denied on this property?

Yes No **If YES, explain:** _____

7. Is the parcel being transferred to a family member who is a minor?

Yes No **If YES, please provide a draft Trust document.**

8. Are you transferring a parcel to your spouse?

Yes No **If YES, explain:** _____

Under penalties of perjury, I (we) declare that I (we) have examined this affidavit and the accompanying sketch or draft Certificate of Survey of the proposed division of land, and to the best of my (our) knowledge and belief, they are true, correct, complete and comply with all State laws and local regulations.

Date _____, 20__.

Signature of Each Applicant

STATE OF MONTANA)

: ss.

County of _____)

On this ____ day of _____, 20__, _____

_____ personally appeared before me and having been duly sworn did herein execute the above instrument for the purposes stated.

Notary's Seal/Stamp

Notary Public for the State of Montana

Printed Name

Notary Public for the state of _____

Residing at _____

My Commission expires: _____, 20__

Preparer Information

Name/Title _____ Signature (required): _____

Mailing Address: _____ Daytime Phone: _____

City: _____ State: _____ Zip Code: _____