

NOTICE OF AGENCY REVIEW



I hereby certify that a true and correct copy of this "Notice of Agency Review" was digitally transmitted or mailed (postage prepaid) on this **2nd** day of **January 2026**.



Jenna Brown, Administrative Assistant III

This notice was mailed to political subdivisions, property owners within 300 feet of the subject property, and the media on **Friday, January 2, 2026**.

File VA0019-25 - Variance - Administrative - Shoreline setback

The above-named application has been submitted to the Bonner County Planning Department for processing and has been determined to be complete. The applicants are requesting a Variance to the shoreline setbacks, to allow for a 33-foot setback where 40 feet is required. The parcel is zoned Recreation (Rec). The project site is located off Kalispell Bay Rd. in Section 6, Township 60 North, Range 4 West, Boise-Meridian. The project site is within the service areas of West Priest Lake Fire District and Kalispell Bay Water & Sewer District.

To review this application, go to the Planning Department web site at bonnercountyid.gov/current-projects. If you experience difficulties visiting the project web page, try an alternative browser (Mozilla Firefox or Google Chrome) for access. If you prefer to receive hard copies of the application or have any difficulties reaching this web site, please contact the planning department as soon as possible.

Please review the application relative to your agency's area of expertise and include any recommended conditions of approval and supporting code sections by **February 2, 2026**. If your agency requires any additional information from the applicant, please advise the planning department in writing allowing ample time for applicant response. All comments will be forwarded to the applicant and representatives. If no response is provided, staff will conclude your agency has no objections to the project or recommended conditions.

If you have no comment or response, you may indicate below and return this form to the Planning Department.

NO COMMENT _____
Name Date

