

Subdivision Review Fee Schedule

Effective July 1, 2025

PLANNING, DEVELOPMENT, & SUSTAINABILITY

Mailing Address: 200 West Broadway
Missoula, MT 59801
(406) 258-4657



COUNTY SUBDIVISION FEES

Number of Lots

Pre-application Conference	\$112
Preliminary Plat (1-5 lots)	\$7,417
Preliminary Plat (6-10 lots)	\$5,934 + 297/lot
Preliminary Plat (11-20 lots)	\$6,675 + 223/lot
Preliminary Plat (21-40 lots)	\$8,159 + 148/lot
Preliminary Plat (>40 lots)	\$11,126 + 75/lot
Minor Final Plat Review	\$1,053
Major Final Plat Review	\$1,707
Variance from Subdivision Standard, #	\$742
Vacation of Recorded Plat	\$1,157
Plat/Phasing Plan Extension	\$697
Phasing Plan Creation/Amendment	\$853
Plat Adjustment	\$1,327
Condition Amendment	\$1,327
Parkland Dedication Waiver	\$393

SUBDIVISION SUBTOTAL

Subdivision Exemption Affidavit	\$400
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OTHER FEES / FEE ADJUSTMENTS

	\$ _____
	\$ _____
	\$ _____

Engineering Review Fees County Public Works (Resolution # 2004-060)

Preliminary Plat Subdivision Review & Inspection (includes major and minor subdivisions)	\$195
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FIRE REVIEW SERVICE FEES

Number of Lots

SUBDIVISION PRELIMINARY PLAT REVIEW:

Minor Preliminary Plat (1-5 lots or units).....	\$327*
Major Preliminary Plat (6-50 lots or units).....	\$436*
Major Preliminary Plat (>50 lots or units).....	\$545*

FINAL PLAT REVIEW:

Final Plat Review.....	\$273*
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Plan review and inspections related to building permit review:

- Reviews/inspections that do not include residential fire sprinkler systems \$381/lot
- Reviews/inspections that include residential fire sprinkler systems \$545/lot
- Preliminary or Final Plat Adjustments, Phasing Plan Amendments, Conditions Amendments, Covenant Amendments, Extension Requests....\$219*

FIRE REVIEW SUBTOTAL

REVIEWER:

Missoula Rural Fire

County Fire - District:

**These fees are per review*

Fire Review N/A

PROJECT INFORMATION

Address/Project:

PDS Review Fee \$

APPLICANT INFORMATION

Name:

Public Works Fee \$

Address:

Fire Review Fee \$

Phone / Email:

Total Amount Due \$

AGENT INFORMATION

Agent:

Date Received

Address:

Check #

Phone / Email:

Electronic Payment

Cash