



THE CITY OF WATFORD CITY
213 2ND ST NE / PO BOX 494
WATFORD CITY, NORTH DAKOTA

DIVISION OF LAND APPLICATION AMENDED SUBDIVISION FINAL PLAT

REQUIREMENTS

APPLICATION FEE:
\$525.00

All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original signature is required.* A *Subdivision Amended Final Plat Application* may be submitted in order to plat parcels within the Corporate City limits and the designated Extra Territorial Area (ETA) which have already been approved by City Council through a Final Subdivision Plat. All *Amended Subdivision Final Plats* shall be subject to conform to the regulations as set within the City of Watford City Municipal Code of Ordinances and Chapter 40-48 of the North Dakota Century Code. Along with this original application, please submit the following: N.D. Professionally Engineered/ Surveyed map of subdivision parcels in both .PDF format and 11"x17" size paper for review, a brief justification letter explaining the request for *Amended Subdivision Final Plat*, and a current copy of a title report/title commitment for the property. Once approved by City Council, the *Amended Subdivision Plat* shall be considered approved for a period of 12 months during which time, a 24" x 36" size mylar plat will need to be submitted to the City for signatures and recordation. *Amended Subdivisions* may be subject to additional or amended Development Agreements (DA) and Subdivision Improvement, Warranty and Maintenance Agreements (SIA) prior to recordation. For specific details regarding this process, please refer to the *City of Watford City Municipal Code of Ordinances: CHAPTER XV ARTICLE XXX: SUBDIVISION REGULATIONS.*

PROPERTY OWNER INFORMATION

OWNER NAME(S):	PHONE NUMBER:	EMAIL:
----------------	---------------	--------

MAILING ADDRESS:

APPLICANT INFORMATION

Same as Owner

APPLICANT NAME:	PHONE NUMBER:	EMAIL:
-----------------	---------------	--------

MAILING ADDRESS:

DEVELOPER INFORMATION

DEVELOPER NAME:	PHONE NUMBER:	EMAIL:
-----------------	---------------	--------

MAILING ADDRESS:

PROPERTY INFORMATION

PROPERTY ADDRESS:	CURRENT ZONING:
-------------------	-----------------

LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)

EXISTING ACREAGE/SQ.FT.:	NEW ACREAGE/SQ.FT.:	PROPOSED # OF LOTS/BLOCKS:
--------------------------	---------------------	----------------------------

CURRENT USE OF PROPERTY:	PROPOSED USE OF PROPERTY:
--------------------------	---------------------------

DESCRIPTION Please give a brief description of the proposed Amended Final Subdivision plat.

AMENDED FINAL PLAT SUBMITTAL REQUIREMENTS	APPLICANT CHECKLIST	CITY STAFF REVIEW
Completed and signed Amended Subdivision Final Plat Application.		
Payment for Amended Subdivision Final Plat Application fee.		
Justification Letter.		
Title Report/Title Commitment.		
Legal Description.		
Amended Final Plat.		
Open Space Requirements.		
Phasing and construction schedule.		
Amended Final Grading Plan.		
Amended Final Street Plans.		
Amended Final Utility Plans.		
Amended Final Storm Water Management Plan Report.		
Traffic Impact Analysis (TIA), if needed.		
Erosion Control Review & Checklist, Storm Water Review & Checklist, and Floodplain App.		
Additional State, Federal, and County permits.		
Developer signed amended/additional DA and SIA.		
Final Construction Plans and Specifications.		

APPLICANT SIGNATURE:

As the applicant, I certify that all City Ordinances will be complied with and that the information given within this application as well as the plans and maps submitted are in all respects true and correct to the best of my knowledge and belief.

As the applicant, I certify that the Amended Development Agreement and Subdivision Improvement, Maintenance, and Warranty Agreement have been reviewed, signed, and finalized with the City.

APPLICANT SIGNATURE: _____	DATE: ____/____/____
APPLICANT PRINT NAME:	APPLICANT TITLE:

PROPERTY OWNER(S) AFFIDAVIT

I/We, the undersigned, swear that I am / we are, the owner(s) and/or Mortgage holders of the property described within this application. I/We will make provisions to ensure compliance with the disclosure and recording requirements of McKenzie County and the City of Watford City. I/We certify that all information contained within this application are in all respects true and correct to the best of my/our knowledge and belief. I/We also hereby authorize City of Watford City Staff and/or its designee to access my property or premise for the purpose of gathering and verifying information in relation to this application and submitted plans.

PROPERTY OWNER SIGNATURE: _____	DATE: ____/____/____
PROPERTY OWNER SIGNATURE: _____	DATE: ____/____/____

PROPERTY OWNER NOTARY

On this _____ day of _____, _____ before me, the undersigned, a notary public for the state of _____, personally appeared, _____ known to me to be the person(s) who executed the certificate in witness whereof, I have hereunto set my hand and affixed my official seal the day and year in the certificate first written above.

(NOTARIAL SEAL)

Notary Public

Notary Public for the state of _____

Residing at _____

My Commission Expires _____