



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

ANNEXATION APPLICATION

REQUIREMENTS

APPLICATION FEE: \$750.00

All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original Applicant signature is required.* Property proposing to be annexed must be contiguous with existing City limit boundaries. Annexations require public notices and two readings at City Council. A survey plat map of the area to be annexed must be submitted with this application. Survey maps must be legal size (8 1/2" x 14") format and include the legal description, vicinity map, and an original stamp and signature from a North Dakota registered land surveyor. A current copy of a title report/title commitment must also be submitted with this application. For specific details of Annexations, please refer to the *North Dakota Century Code: CHAPTER 40-51.2 Annexations and Exclusion of Territory.*

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:		ZONING DISTRICT:	
PARCEL NUMBER:	SUBDIVISION:	LOT #	BLOCK #
LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)		PROPERTY SIZE:	

DESCRIPTION Please give a brief description of the proposed annexation including reason(s) for request.

APPLICANT SIGNATURE: (IF DIFFERENT THAN OWNER)

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 submitted are in all respects true and correct to the best of my knowledge and belief.

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.

Notary Public

(NOTARIAL SEAL)

Notary Public for the state of _____

Residing at _____

My Commission Expires _____

▼ OFFICE USE ONLY ▼

- .PDF & LEDGER SIZE REVIEW COPY OF SITE PLAN
- VICINITY MAP
- LEGAL DESCRIPTION
- JUSTIFICATION LETTER
- ORIGINAL SURVEYOR STAMP & SIGNATURE ON PLAN

LEGAL NOTICE DATES:

____/____/____
____/____/____

MAILED ADJACENT PROPERTY OWNER NOTICES

MEETING DATES:

PLANNING COMMISSION: ____/____/____

CITY COUNCIL: ____/____/____

INVOICE:

INVOICE NUMBER: _____

DATE CREATED: ____/____/____ BY: _____

PAYMENT: \$750.00

DATE RECEIVED: ____/____/____ AMOUNT: \$ _____

CARD CASH CHECK # _____