



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

DIVISION OF LAND APPLICATION

MINOR PLAT: BOUNDARY LINE ADJUSTMENT

REQUIREMENTS

APPLICATION FEE:
\$675.00

All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original signature is required.* A *Boundary Line Adjustment Parcel Map* shall be allowed to adjust lot lines which may be contiguous, adjacent, interior lots of previously platted parcels. *Boundary Line Adjustment Parcel Maps* shall be allowed when street improvements, utility or other public improvements, public easements, or right of ways, whether public or private are not required or created. This parcel map will also not require the creation of new or enlarged parks, playgrounds, or open spaces. All lot design standards and zoning requirements are required to be met. Parcels must conform to the minimum lot area and width and not involve lots which have more than one zoning classification. A *Boundary Line Adjustment Parcel Map* is not intended to be used as one in a series as to circumvent the Subdivision process. Along with this application, please submit the following: N.D. Professionally Engineered/Surveyed map of parcels in both .PDF format and 11"x17" size paper for review, a brief justification letter explaining the request/reasoning for *Boundary Line Adjustment* and a current copy of a title report/title commitment for the property. Once approved by City Council, a 24" x 36" size mylar plat will need to be submitted to the City for signatures and 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:
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MAILING ADDRESS:

APPLICANT INFORMATION

Same as Owner

APPLICANT NAME:	PHONE NUMBER:	EMAIL:
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MAILING ADDRESS:

DEVELOPER INFORMATION

DEVELOPER NAME:	PHONE NUMBER:	EMAIL:
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MAILING ADDRESS:

PROPERTY INFORMATION

PROPERTY ADDRESS:	CURRENT ZONING:
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LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)

CURRENT ACREAGE/SQ.FT.:	PROPOSED ACREAGE/SQ.FT.:
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CURRENT USE OF PROPERTY:	PROPOSED USE OF PROPERTY:
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DESCRIPTION

Please give a brief description of the proposed boundary line adjustment.

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.

(NOTARIAL SEAL)

Notary Public

Notary Public for the state of _____

Residing at _____

My Commission Expires _____

▼ OFFICE USE ONLY ▼

- .PDF & LEDGER SIZE REVIEW COPY OF PLAT
- VICINITY MAP
- LEGAL DESCRIPTION
- JUSTIFICATION LETTER
- TITLE REPORT/TITLE COMMITMENT

LEGAL NOTICE DATES:

____/____/____

____/____/____

 MAILED ADJACENT PROPERTY OWNER NOTICES**MEETING DATES:**

PLANNING COMMISSION: ____/____/____

CITY COUNCIL: ____/____/____

INVOICE:

INVOICE NUMBER: _____

DATE CREATED: ____/____/____ BY: _____

PAYMENT: \$675.00

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

 CARD CASH CHECK # _____