



LAND USE

CONDITIONAL USE PERMIT

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

APPLICATION FEE:
\$525.00

REQUIREMENTS: All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original signature is required. A Conditional Use Permit Application may be submitted in order to consider a particular use of property not permitted within the property's current zoning district. A Conditional Use Permit may be granted for the property and not to a particular person or firm. Conditional Use Permits must still conform to the regulations as set within the City of Watford City Municipal Code of Ordinances. Along with this application, please submit the following: N.D. Professionally Engineered/ Surveyed Site Development Plan of the property in both .PDF format and 11"x17" size paper for review, a brief justification letter explaining the request for Conditional Use Permit and a copy of current property deed(s) and/or title report. For specific details regarding this process, please refer to the City of Watford City Municipal Code of Ordinances: **CHAPTER XV ARTICLE XXV: CONDITIONAL USES, SECTION 1-6.***

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:	ZONING DISTRICT:
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PARCEL NUMBER(S):	LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)
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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 Conditional Use.

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:
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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 _____, 20____ 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 ▼		
<input type="checkbox"/> COPY OF PROPERTY DEED <input type="checkbox"/> COPY OF TITLE REPORT <input type="checkbox"/> COPY OF TITLE MEMORANDUM <input type="checkbox"/> .PDF & LEDGER SIZE REVIEW COPY OF SITE PLAN <input type="checkbox"/> VICINITY MAP <input type="checkbox"/> LEGAL DESCRIPTION <input type="checkbox"/> JUSTIFICATION LETTER <input type="checkbox"/> ORIGINAL SURVEYOR STAMP & SIGNATURE ON PLAN	<p>LEGAL NOTICE DATES:</p> <p style="text-align: center;">____/____/____</p> <p style="text-align: center;">____/____/____</p> <input type="checkbox"/> ADJACENT PROPERTY OWNER NOTICES MAILED	<p>MEETING DATES:</p> <p>PLANNING COMMISSION: ____/____/____</p> <p>CITY COUNCIL: ____/____/____</p>
<p>INVOICE:</p> <p>INVOICE NUMBER: _____</p> <p>DATE CREATED: ____/____/____ BY: _____</p>	<p>PAYMENT: \$525.00</p> <p>DATE RECEIVED: ____/____/____ AMOUNT: \$ _____</p> <p><input type="checkbox"/> CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____</p>	