



LAND USE HEIGHT VARIANCE

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

APPLICATION FEE:
\$300.00

REQUIREMENTS: All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original signature is required. A Height Variance Application may be submitted for the consideration of exceeding the maximum height as permitted within the property's specific zoning district. Along with this application, please submit the following: N.D. Professionally Engineered/ Survey Site Plan and construction drawings showing the proposed structure within the property (in both .PDF format and 11"x17" size paper for review), a brief justification letter explaining the request for Height Variance, and a current copy of a title report/title commitment for the property. If approved by City Council, an additional fee for the Height Variance will be collected at the time the Building Permit is issued. The additional fee is set by City Council Resolution. The current fee is set at \$2,500.00 per foot over the maximum height. For specific details regarding this process, please refer to the City of Watford City Municipal Code of Ordinances: CHAPTER XV ARTICLE XXVII: VARIANCES, SECTION 2, SUBSECTION 2.*

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(S):	LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)
PROPOSED TOTAL HEIGHT OF STRUCTURE:	PROPOSED HEIGHT ABOVE MAXIMUM ALLOWED:

DESCRIPTION Please give a brief description of the proposed Height Variance.

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: ____/____/____
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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.

Notary Public (NOTARIAL SEAL)

Notary Public for the state of _____
Residing at _____
My Commission Expires _____

▼ OFFICE USE ONLY ▼

- COPY OF TITLE REPORT -OR-
- COPY OF TITLE MEMORANDUM
- .PDF & LEDGER SIZE REVIEW COPY OF SURVEY & BLDG PLANS
- VICINITY MAP
- LEGAL DESCRIPTION
- JUSTIFICATION LETTER
- SURVEYOR STAMP & SIGNATURE ON SURVEY & PLANS

LEGAL NOTICE DATES:
____/____/____
____/____/____
 ADJACENT PROPERTY OWNER NOTICES MAILED

MEETING DATES:
PLANNING COMMISSION:
____/____/____
CITY COUNCIL:
____/____/____

INVOICE:
INVOICE NUMBER: _____
DATE CREATED: ____/____/____ BY: _____

PAYMENT: \$300.00
DATE RECEIVED: ____/____/____ AMOUNT: \$ _____
 CARD CASH CHECK # _____