

DIVISION OF LAND

SUBDIVISION FINAL PLAT



APPLICATION

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

APPLICATION FEE:

\$15.00 PER LOT

REQUIREMENTS: All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original signature is required.* A *Subdivision Final Plat Application* may be submitted after a Preliminary Subdivision Plat is approved by City Council. The Subdivision process allows to plat parcels within the Corporate City limits and the designated Extra Territorial Area (ETA). All *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 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 *Subdivision Final Plat* and a copy of current property deed(s) and/or title report. Once approved by City Council, the Final Subdivision Plat must be submitted in 24" x 36" size for City 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/LOCATION:	ZONING DISTRICT:
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PARCEL NUMBER(s):	PROPOSED SUBDIVISION NAME:
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LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)

EXISTING ACREAGE/SQ.FT.:	NEW ACREAGE/SQ.FT.:	PROPOSED # OF LOTS:
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CURRENT USE OF PROPERTY:	PROPOSED USE OF PROPERTY:
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DESCRIPTION Please give a brief description of the Final Subdivision Plat.

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 _____, 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 PROPERTY DEED
- COPY OF TITLE REPORT
- COPY OF TITLE MEMORANDUM
- .PDF & LEDGER SIZE REVIEW COPY OF PLAT
- VICINITY MAP
- LEGAL DESCRIPTION
- JUSTIFICATION LETTER
- ORIGINAL SURVEYOR STAMP & SIGNATURE ON 24"X36" PLAT

LEGAL NOTICE DATES:

____/____/____

____/____/____

- ADJACENT PROPERTY OWNER NOTICES MAILED

MEETING DATES:

PLANNING COMMISSION:

____/____/____

CITY COUNCIL:

____/____/____

INVOICE:

INVOICE NUMBER: _____

DATE CREATED: ____/____/____ BY: _____

PAYMENT: \$15.00 PER LOT

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

- CARD CASH CHECK # _____