LAND USE

ZONE CHANGE

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

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 *Zone Change Application* may be submitted in order to consider a changing the zoning district of property. Zoning Districts are set as specific areas within the City and/or ETA in order to govern the use of the property as well as such regulations pertaining to the height, area, size, and intensity of buildings, land, and open spaces. Along with this application, please submit the following: N.D. Professional survey of the property in both .PDF format and 11"x17" size paper for review, a brief justification letter explaining the request for *Zone Change* 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 XXVI: AMENDMENTS.**

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:	CURRENT ZONING DISTRICT:	PROPOSED ZONING DISTRICT:
PARCEL NUMBER(s):	LEGAL DESCRIPTION: *(SECTION, TOWNSHIP, RANGE)*	
CURRENT USE OF PROPERTY:	PROPOSED USE OF PROPERTY:	

DESCRIPTION Please give a brief description of the proposed Zone Change.

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.

_____   *(NOTARIAL SEAL)*
Notary Public

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