



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

# LAND USE APPLICATION CONDITIONAL USE PERMIT (CUP) CONTINUANCE & REHEARING

## REQUIREMENTS

APPLICATION FEE: \$375.00

All applications must be legible, printed in ink or typed, and suitable for reproduction. *Applications may be submitted electronically, however, the original application with original signatures must also be submitted.* A *Conditional Use Permit Continuance & Rehearing Application* shall be submitted for the Planning & Zoning Commission to consider a continuance and renewal of an existing Conditional Use Permit. A *Conditional Use Permit* may be granted for the property and not to a particular person or firm. Along with this application, please submit a brief justification letter explaining the request for the continuance and rehearing of the existing *Conditional Use Permit*. For specific details, please refer to the *City of Watford City Municipal Code of Ordinances: CHAPTER XV ARTICLE XXV: CONDITIONAL USES, SECTION 1-6.*

## CUP INFORMATION

ORIGINAL APPLICANT:	ORIGINAL APPROVAL DATE:
DATE OF LAST RENEWAL:	CONTINGENCIES:

## PROPERTY OWNER INFORMATION

OWNER NAME(S):	PHONE NUMBER:	EMAIL:
MAILING ADDRESS:		

## APPLICANT INFORMATION

Same as Owner

APPLICANT NAME:	PHONE NUMBER:	EMAIL:
MAILING ADDRESS:		

## PROPERTY INFORMATION

PROPERTY ADDRESS:	ZONING DISTRICT:
PARCEL NUMBER(S):	LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)
CURRENT USE OF PROPERTY:	CONDITIONAL USE OF PROPERTY:

## DESCRIPTION Please give a brief description of the proposed Conditional Use Permit to be continued and reheard.


## 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.

\_\_\_\_\_  
Notary Public

(NOTARIAL SEAL)

Notary Public for the state of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**▼ OFFICE USE ONLY ▼**

- .PDF & LEDGER SIZE REVIEW COPY OF SITE PLAN
- VICINITY MAP
- LEGAL DESCRIPTION
- JUSTIFICATION LETTER
- ORIGINAL SURVEYOR STAMP & SIGNATURE ON PLAN

**LEGAL NOTICE DATES:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

MAILED ADJACENT PROPERTY OWNER NOTICES

**MEETING DATES:**

PLANNING COMMISSION: \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY COUNCIL: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INVOICE:**

INVOICE NUMBER: \_\_\_\_\_

DATE CREATED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_

**PAYMENT: \$375.00**

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

CARD  CASH  CHECK # \_\_\_\_\_