



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

# DIVISION OF LAND APPLICATION

## MINOR PLAT

### REQUIREMENTS

APPLICATION FEE:  
\$675.00

All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original signature is required.* A *Minor Plat Map* shall be allowed for the following circumstances to adjust lot lines which may be contiguous, adjacent, interior lots of previously platted parcels; to revert property back to acreage or to a configuration which may combine parcels as they may have been previously mapped; to create no more than four (4) lots; and street improvements, utility or other public improvements, public easements, or right of ways, whether public or private are not required or created. This parcel map will also not require the creation of new or enlarged parks, playgrounds, or open spaces. All lot design standards and zoning requirements are required to be met. Parcels must conform to the minimum lot area and width and not involve lots which have more than one zoning classification. A *Minor Plat Map* is not intended to be used as one in a series as to circumvent the Subdivision process. Along with this application, please submit the following: N.D. Professionally Engineered/Surveyed map of parcels in both .PDF format and 11"x17" size paper for review, a brief justification letter explaining the request/reasoning for the *Minor Plat* and a current copy of a title report/title commitment for the property. Once approved by City Council, the *Minor Plat* shall be considered approved for a period of 12 months during which time, a 24" x 36" size mylar plat will need to be submitted to the City for 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.*

Simple Lot Split	Reversionary Parcel Map	Boundary Line Adjustment
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### 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:	CURRENT ZONING:
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LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)

EXISTING ACREAGE/SQ.FT.:	NEW ACREAGE/SQ.FT.:	PROPOSED # OF LOTS/BLOCKS:
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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 Minor Plat.


<b>SUBMITTAL REQUIREMENTS</b>	<b>APPLICANT CHECKLIST</b>	<b>CITY STAFF REVIEW</b>
Completed and signed Minor Plat Application.		
Payment for Minor Plat Application fee.		
Justification Letter.		
Title Report/Title Commitment.		
Legal Description.		
Minor Plat.		

<b>APPLICANT SIGNATURE:</b>	
<i>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 and maps submitted are in all respects true and correct to the best of my knowledge and belief.</i>	
APPLICANT SIGNATURE: _____	DATE: ____/____/____
APPLICANT PRINT NAME:	APPLICANT TITLE:

<b>PROPERTY OWNER(S) AFFIDAVIT</b>	
<i>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.</i>	
PROPERTY OWNER SIGNATURE: _____	DATE: ____/____/____
PROPERTY OWNER SIGNATURE: _____	DATE: ____/____/____

<b>PROPERTY OWNER NOTARY</b>	
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 _____	