



ANNEXATION

APPLICATION

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

REQUIREMENTS: All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original Applicant signature is required.* Property proposing to be annexed must be contiguous with existing City limit boundaries. Annexations require public notices and two readings at City Council. A survey plat map of the area to be annexed must be submitted with this application. Survey maps must be legal size (8 1/2" x 14") format and include the legal description, vicinity map, and an original stamp and signature from a North Dakota registered land surveyor. A copy of the property deed and title report/title memorandum must also be submitted with this application. For specific details of Annexations, please refer to the *North Dakota Century Code: CHAPTER 40-51.2 Annexations and Exclusion of Territory.*

APPLICATION FEE: \$750.00

NOTICE: All applications, fees, maps, and plans are subject to review, verification, and approval by the City prior to accepting payment. ALL PAYMENTS MADE TO THE CITY WILL BE NON-REFUNDABLE, NON-TRANSFERRABLE ONCE THE APPLICATION IS PROCESSED.

PROPERTY INFORMATION

PROPERTY ADDRESS:		ZONING DISTRICT:	
PARCEL NUMBER:	SUBDIVISION:	LOT #	BLOCK #
LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)			
PROPERTY SIZE: (ACRES)			

PROPERTY OWNER INFORMATION

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

APPLICANT INFORMATION

Same as Owner

APPLICANT NAME:	PHONE NUMBER:	EMAIL:
MAILING ADDRESS:		

DESCRIPTION

Please give a brief description of the proposed annexation including reason(s) for request.

APPLICANT SIGNATURE (SIGN IF DIFFERENT THAN OWNER)

As the applicant, I certify that all information given on this application are in all respects true and correct to the best of my knowledge and belief.

APPLICANT SIGNATURE: _____	DATE: ____/____/____
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PROPERTY OWNER(S) SIGNATURE

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 certify that all information contained within this application are in all respects true and correct to the best of my/our knowledge and belief.

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 ▼

PROPERTY IS CONTIGUOUS: YES NO

NOTES:

LEGAL NOTICE DATES:

_____/_____/_____
_____/_____/_____

CITY COUNCIL DATES:

1ST READING
_____/_____/_____
2ND READING
_____/_____/_____

ANNEXATION SURVEY MAP:

- LEGAL SIZE (8 ½ " X 14")
- VICINITY MAP
- LEGAL DESCRIPTION
- ORIGINAL SURVEYOR STAMP & SIGNATURE

PROOF OF OWNERSHIP:

- COPY OF PROPERTY DEED
- COPY OF TITLE REPORT
- COPY OF TITLE MEMORANDUM

INVOICE:

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

PAYMENT:

PAYMENT AMOUNT: **\$ 750.00**
DATE RECEIVED: ____/____/_____ BY: _____
 CARD CASH CHECK # _____