DIVISION OF LAND



BOUNDARY LINE ADJUSTMENT

APPLICATION

THE CITY OF WATFORD CITY 213 2ND ST NE / PO BOX 494 WATFORD CITY, NORTH DAKOTA APPLICATION FEE: \$675.00

REQUIREMENTS: All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original signature is required.* A *Boundary Line Adjustment Parcel Map* shall be allowed to adjust lot lines which may be contiguous, adjacent, interior lots of previously platted parcels. *Boundary Line Adjustment Parcel Map*s shall be allowed when 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 *Boundary Line Adjustment Parcel 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 *Boundary Line Adjustment* and a copy of property deed(s) and/or title report. Once approved by City Council, a 24" x 36" size mylar plat will need to be submitted 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 SECTION 13.*

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:			ZONING DISTRICT:					
PARCEL NUMBER:	SUBDIVISION:				LOT#	BLOCK #		
LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)		NEW LEGAL DESCRIPTION:						
EXISTING ACREAGE/SQ.FT.:		NEW ACREAGE/SQ.FT.:						
CURRENT USE OF PROPERTY:		PROPOSED USE OF PROPERTY:						
DESCRIPTION Please give a brief description of the request or reason for Boundary Line Adjustment.								

APPLICANT SIGNATURE: (IF DIFFERENT THAN OW	NER)					
As the applicant, I certify that all City Ordinances will be com as well as the plans submitted are in all respects true and c						
APPLICANT SIGNATURE:		DATE:				
APPLICANT PRINT NAME:	APPLICANT TITLE	<u></u> ::				
PROPERTY OWNER(S) AFFIDAVIT						
I/We, the undersigned, swear that I am / we are, the owner this application. I/We will make provisions to ensure con McKenzie County and the City of Watford City. I/We certify respects true and correct to the best of my/our knowledge Staff and/or its designee to access my property or premise relation to this application and submitted plans.	inpliance with the disclosure that all information containe a and belief. I/We also hereb	e and recording ed within this app by authorize Cit	requirements of olication are in a long of Watford City			
PROPERTY OWNER SIGNATURE:		DATE:				
I						
PROPERTY OWNER SIGNATURE:		DATE:				
		1	1			
PROPERTY OWNER NOTARY						
FROFERIT OWNER NOTART						
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 cer	tificate in witness whereof	, I have hereur	nto set my hand			
and affixed my official seal the day and year in the cer	rtificate first written above.					
	410-					
Notary Public (NOTARIAL SEAL)						
•						
Notary Public for the state of Residing at						
My Commission Expires						
<u> </u>						
▼ OFFICE USE ONLY ▼						
COPY OF PROPERTY DEED COPY OF TITLE REPORT	LEGAL NOTICE DATES:	MEETING DAT				
COPY OF TITLE MEMORANDUM		PLANNING CON				
☐ .PDF & LEDGER SIZE REVIEW COPY OF PLAT ☐ VICINITY MAP	<u> </u>		<u> </u>			
☐ LEGAL DESCRIPTION		CITT COUNCIL.				
☐ JUSTIFICATION LETTER☐ ORIGINAL SURVEYOR STAMP & SIGNATURE ON 24"X36" PLAT	ADJACENT PROPERTY OWNER NOTICES MAILED					
INVOICE:	PAYMENT: \$675.00					
INVOICE NUMBER: BY:						
DATE CREATED:/ BY:	CARD CASH CHECK #					