



# DIVISION OF LAND

## SUBDIVISION PRELIMINARY PLAT

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

**APPLICATION FEE:**  
**\$1,125.00 + \$15.00 PER LOT**

**REQUIREMENTS:** All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original signature is required. A Subdivision Preliminary Plat Application may be submitted in order to begin the Subdivision process to plat parcels within the Corporate City limits and the designated Extra Territorial Area (ETA). All Preliminary Subdivision Plats shall be subject to conform to the regulations as set within the City of Watford City Municipal Code of Ordinances and Chapter 40-48 of the North Dakota Century Code. Along with this application, please submit the following: N.D. Professionally Engineered/ Surveyed map of subdivision parcels in both .PDF format and 11"x17" size paper for review, a brief justification letter explaining the request for Preliminary Subdivision Plat and a copy of current property deed(s) and/or title report. Once approved by City Council, a Final Subdivision Plat must be submitted for additional review and approval before Subdivision Plat 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.***

### 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/LOCATION:	ZONING DISTRICT:
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PARCEL NUMBER(s):	PROPOSED SUBDIVISION NAME:
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LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)

EXISTING ACREAGE/SQ.FT.:	NEW ACREAGE/SQ.FT.:	PROPOSED # OF LOTS:
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CURRENT USE OF PROPERTY:	PROPOSED USE OF PROPERTY:
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### DESCRIPTION Please give a brief description of the Preliminary Subdivision Plat.


**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.

Notary Public

(NOTARIAL SEAL)

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

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

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

**▼ OFFICE USE ONLY ▼**

- COPY OF PROPERTY DEED
- COPY OF TITLE REPORT
- COPY OF TITLE MEMORANDUM
- .PDF & LEDGER SIZE REVIEW COPY OF PLAT
- VICINITY MAP
- LEGAL DESCRIPTION
- JUSTIFICATION LETTER
- ORIGINAL SURVEYOR STAMP & SIGNATURE ON 24"X36" PLAT

**LEGAL NOTICE DATES:**

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

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

ADJACENT PROPERTY OWNER NOTICES MAILED

**MEETING DATES:**

PLANNING COMMISSION:

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

CITY COUNCIL:

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

**INVOICE:**

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

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

**PAYMENT: \$1,125.00 + \$15.00 PER LOT**

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

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