

# DIVISION OF LAND



## SIMPLE LOT SPLIT

### APPLICATION

THE CITY OF WATFORD CITY  
213 2<sup>ND</sup> 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 *simple lot split* (parcel map) shall be allowed when street improvements, water or sewer line improvements or other public improvements are not required, and no more than four (4) lots are created. Upon approval by the City Council, a *simple lot split* may be recorded. Notwithstanding the foregoing, all lot design standards and zoning requirements are required to be met. 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, a brief justification letter explaining the request/reasoning for simple lot split and a copy of property deed(s) and/or title report. Once approved, a 24" x 36" size mylar plat will need to be submitted for signatures and recordation. For specific details regarding Simple Lot Splits, 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:
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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:	ZONING DISTRICT:
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PARCEL NUMBER:	SUBDIVISION:	LOT #	BLOCK #
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LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)	NEW LEGAL DESCRIPTION:
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EXISTING ACREAGE/SQ.FT.:	NEW ACREAGE/SQ.FT.:
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CURRENT USE OF PROPERTY:	PROPOSED USE OF PROPERTY:
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### DESCRIPTION

Please give a brief description of the request for simple lot split.


**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

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

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

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

(NOTARIAL SEAL)

**▼ 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
- ORIGINAL SURVEYOR STAMP & SIGNATURE
- JUSTIFICATION LETTER

LEGAL NOTICE DATES:

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

ADJACENT PROPERTY OWNER NOTICES MAILED

MEETING DATES:

PLANNING COMMISSION:

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

CITY COUNCIL:

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

INVOICE:

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

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

PAYMENT: \$675.00

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_

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