



LAND USE

VARIANCE

APPLICATION

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

APPLICATION FEE:

\$300.00

REQUIREMENTS: All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original signature is required.* A *Variance Application* may be submitted to consider reducing yard setbacks in order to accommodate a structure due to exceptional conditions or existing circumstances of the property. Along with this application, please submit the following: N.D. Professionally Engineered/ Survey or drawing of the property in both .PDF format and 11"x17" size paper for review, a brief justification letter explaining the request for *Variance* and a copy of current property deed(s) and/or title report. For specific details regarding this process, please refer to the *City of Watford City Municipal Code of Ordinances: CHAPTER XV ARTICLE XXVII: VARIANCES, SECTION 1-6.*

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(S): _____ LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)

CURRENT USE OF PROPERTY: _____ PROPOSED USE OF PROPERTY: _____

DESCRIPTION Please give a brief description of the proposed Variance.

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 ▼		
<input type="checkbox"/> COPY OF PROPERTY DEED <input type="checkbox"/> COPY OF TITLE REPORT <input type="checkbox"/> COPY OF TITLE MEMORANDUM <input type="checkbox"/> .PDF & LEDGER SIZE REVIEW COPY OF SURVEY <input type="checkbox"/> VICINITY MAP <input type="checkbox"/> LEGAL DESCRIPTION <input type="checkbox"/> JUSTIFICATION LETTER <input type="checkbox"/> ORIGINAL SURVEYOR STAMP & SIGNATURE ON SURVEY	LEGAL NOTICE DATES: _____ _____ <input type="checkbox"/> ADJACENT PROPERTY OWNER NOTICES MAILED	MEETING DATES: PLANNING COMMISSION: _____ CITY COUNCIL: _____
	INVOICE: INVOICE NUMBER: _____ DATE CREATED: ____/____/____ BY: _____	PAYMENT: \$300.00 DATE RECEIVED: ____/____/____ AMOUNT: \$ _____ <input type="checkbox"/> CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____