



Annexation Application Fee: \$5,000

City of Dickinson

ANNEXATION APPLICATION

99 2nd Street E, Dickinson, ND 58601
 Phone: 701-456-7000 Fax: 701-456-7723
www.dickinsongov.com

PROPERTY INFORMATION:		
Name of plat (if applicable):		
Legal description of property (lot, block, addition):		
Street address of property:		
Existing zoning: _____ Existing Comprehensive Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		Proposed zoning: _____ Proposed Comprehensive Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
Acreage:		Number of lots:
Brief description of annexation proposal, including reason(s) for the request, attach proposal if needed:		
APPLICANT/DEVELOPER		
Name:		Phone:
Mailing Address:		Email:
PROPERTY OWNER (IF DIFFERENT THAN APPLICANT/DEVELOPER):		
Name:	Mailing Address:	Percentage of Ownership:
Name:	Mailing Address:	Percentage of Ownership:
Name:	Mailing Address:	Percentage of Ownership:
CONTACT PERSON/AGENT:		
Name/Firm:		Email Address:

NOTE: SURVEY AND VICINITY MAP REQUIRED FOR SUBMITAL

This application is filled with the required information. I certify that all property owners have signed or ratified this application.

I hereby request consideration of the above described annexation application.

(Applicant's Signature)

(Date)

(Owner's Signature, if different)

(Date)

(Additional Owner's Signature, if applicable)

(Date)

(Additional Owner's Signature, if applicable)

(Date)