



City of Dickinson
ZONING MAP AMENDMENT APPLICATION
STANDARD ZONING DISTRICTS

99 2nd Street E, Dickinson, ND 58601
Phone: 701-456-7000, 701-456-7815
www.dickinsongov.com

Application _____

Zoning Map Amendment Application Fees: Public/Agricultural - \$250.00, Residential - \$350.00, Commercial/Industrial - \$750.00

NOTE: A PRE SUBMITTAL MEETING WITH PLANNING DEPARTMENT STAFF AND COMPLETION OF THE PLANNING DEPARTMENT DEVELOPMENT CHECKLIST ARE REQUIRED PRIOR TO APPLYING. PLEASE CALL (701)-456-7812 TO SCHEDULE YOUR PRE SUBMITTAL MEETING.

(For details, see attached checklist)
THE FOLLOWING ITEMS SHALL BE COMPLETED AND SIGNED AT THE TIME OF SUBMITTAL

Property Owner Name _____

Phone Number _____ Email _____

Address _____
Street City State Zip

Property Owner Signature _____ Date _____

(All Applications must be signed by the property owner or the application will not be processed)

Applicant/Permittee Name _____

Contact Name _____

Name of Firm _____
(If Applicable)
Phone Number _____ Email _____

Address _____
Street City State Zip

Applicant/Permittee Signature _____ Date _____

***Note:** If applicant is not the owner of the premises, the owner's signature or separate written permission authorizing Applicant/Permittee to sign on behalf of the owner, must be affixed to this application. The signature of the applicant and owner (or written permission of the owner) certifies that permission is granted by the owner to all authorized City personnel to enter the premises for the purpose of review of this application.

APPLICATION FOR STANDARD ZONING MAP AMENDMENT

Pursuant to Chapter 39 of the Dickinson Municipal Code, the undersigned hereby applies for a: Change of Zoning District From: _____ To: _____

(* All rezoning petitions for unplatted (metes and bounds legal description) must be accompanied by a preliminary plat application – See Dickinson Municipal Code, Section 39.06.011)

Total Square Footage or Acreage of Subject Property: _____ Property is located within the following Overlay District(s) as described in Zoning Code Ordinance Article 39.05 (Use N/A if not applicable) _____

Will this application require any other action to complete the development? Yes No

If YES, please identify the type of application:

- Future Land Use Map Change to Comprehensive Plan Comprehensive Plan Text Change Urban Service Area Boundary Change Sign Permit
- Variance Zoning Ordinance Text Amendment Annexation Development Agreement Other

Legal Description: Final Platted Lots; Lots(s) _____, Blocks(s) _____;
_____ Addition _____ 1/4 Section _____ T _____ N R _____ E

Project Address/General Location _____



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SUBMITTAL REQUIREMENTS

NOTE: INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER THE POSTED SUBMITTAL DATE WILL DELAY PLACING THE REQUEST ON THE PLANNING AND ZONING COMMISSION AGENDA

ALL OF THE FOLLOWING ITEMS SHALL BE SUBMITTED WITH THE APPLICATION

The following will be discussed at preapplication meeting with staff

- Completed Planning Department Development Checklist with all required agency responses
- Digital copy of all submitted material (flashdrive/disc)
- Purpose statement including an explanation and justification for approving the map change
- Legal Description of property
- Attach metes and bounds description if property has not been platted.
- Improvements located on the site
- Copy of the recorded deed of the subject property
- Scaled map of the property showing boundaries, current and proposed zoning, and adjacent zoning
- Draft proposed site plan
- Applicable Fees

Office Use Only

Date of preapplication Meeting: _____ Application Complete: YES NO _____
 P&Z Hearing: _____ Required Fee: \$ _____ Receipt # _____ Paid by: Cash Check# _____ Card
 Project Name: _____ PRO # _____