



City of Dickinson, ND
ZONING TEXT AMENDMENT APPLICATION

99 2nd Street E, Dickinson, ND 58601
Phone: 701-456-7815 Fax: 701-456-7723

www.dickinsongov.com

Application _____

Zoning Text Amendment Application Fee: \$750.00

ZONING TEXT AMENDMENT SUBMITTAL REQUIREMENTS

- Proposed text amendment prepared in legislative format (underline additions, strike-out omissions)
- Purpose statement including an explanation and justification for approving the amendment
- Digital copy of all submitted materials (flashdrive/disc) as well as a digital copy in a compatible Microsoft Word file of the proposed text amendment.
- Applicable fees

Applicant Name _____

Contact Name _____

Name of Firm _____

(If Applicable)

Phone Number _____ Email _____

Address _____

Street

City

State

Zip

Applicant/Permittee Signature _____

Date _____

Office Use Only

Date of preapplication Meeting: _____ Application Complete: YES NO _____

P&Z Hearing: _____ Required Fee: **\$750.00** Receipt # _____ Paid by: Cash Check# _____ Card

Project Name: _____ PRO # _____