

ZONING REQUEST APPLICATION

MOUNTRAIL COUNTY

Date Submitted: _____

Fee: _____ Check #: _____

Applicant's Name _____

Landowner's Name (if different) _____

Organization name (if applicable): _____

Applicant's Mailing Address:

Landowner's Mailing Address:

Applicant's Phone Number & Email _____

Landowner's Phone Number & Email _____

REQUEST:

FEE

REQUEST:

FEE

___ Amendment

\$750⁰⁰

___ Variance

\$350⁰⁰

___ Conditional Use

\$350⁰⁰

MAKE CHECKS PAYABLE TO MOUNTRAIL COUNTY

(Please complete one application per request)

Legal Description of Request: (Example: N½NW¼ Section # Township # Range #)

of acres _____

Township Name: _____ Parcel ID# (REQUIRED) _____

Application is required for the purpose of:

Existing Use of Property: Agricultural Residential Commercial Industrial Other: _____

AMENDMENT (change zoning to): Agricultural Residential Commercial Industrial Other

Applicant's Signature _____

Printed Name _____

Title _____

Date _____

Landowner's Signature _____

Printed Name _____

Title _____

Date _____

COMPLETE BACKSIDE

Section: _____ Township: _____ Range: _____ Acres: _____

Lot: _____ Block: _____ Subdivision: _____

Lot Size: _____ Setbacks: _____ Side yard: _____

A sketch or picture showing all proposed structures and their location must be attached or drawn below:

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1 square = _____ feet

Action Taken: _____ Approved _____ Denied

Chairman
Mountrail County Planning and Zoning Board

_____, 20____
Date