

STARK COUNTY NORTH DAKOTA ZONING MAP AMENDMENT APPLICATION-STANDARD REZONING

Note: Please review the “What is Zoning” Rezoning Application Directions prior to filling out this application

DATE OF APPLICATION _____

CURRENT ZONING _____ **REQUESTED ZONING** _____

APPLICATION FEE: \$200

APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone No.: _____ Fax No.: _____

E-mail Address: _____

REPRESENTATIVE INFORMATION (IF APPLICABLE)

Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No.: _____

E-mail Address: _____

PROPERTY OWNER INFORMATION IF DIFFERENT FROM THE APPLICANT

Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

STARK COUNTY NORTH DAKOTA ZONING MAP AMENDMENT APPLICATION-STANDARD REZONING

E-mail Address _____

PROPERTY INFORMATION

Property Size: _____ acres

Address: _____

City _____ State _____ Zip _____

Legal Description as it appears on stark.northdakotaassessors.com:

Parcel Identification Number as it appears on stark.northdakotaassessors.com:

Please describe the proposed rezoning and the reason for the request.

What uses are proposed for the property?

What buildings or structures are proposed for the property? _____

APPLICANT REQUESTS AN INITIAL REVIEW BY STARK COUNTY STAFF, A PUBLIC HEARING BEFORE THE COUNTY PLANNING AND ZONING COMMISSION, AND THE APPROVAL OF THE AMENDMENT REQUESTED HEREIN.

SIGNATURES

Applicant/Representative Signature and Date

Owner's Signature and Date

Zoning Administrator or Designee and Date