112 Manning Ave W P.O. Box 336 Alexander, North Dakota 58831 cityofalexandernd.com (701)828 3461

## City of Alexander

#### LAND USE APPLICATION

City of Alexander - Planning Dept. PO Box 336 – 112 Manning Ave W Alexander, ND 58831 Phone (701)828 3461 - Fax (701)828 3460 cityofalexandernd.com

#### OFFICE USE ONLY

APPLICATION TYPE:			PROCESSED BY:	APPLICATION #:			
	Zone Change	□ New Construction	DEPOSIT:	BUILIDING PERMIT#:			
	Conditional Use Permit	☐ Addition	RECEIPT #:	ADVERTISE DATE:			
	Variance	☐ Alteration	SURROUNDING PROPERTY NOTIFICATION:				
	Street Name Change	☐ Vacation/Abandonment	PLANNING & ZONING	CITY COUNCIL Data of Mosting			
	Simple Lot Split	□ Subdivision	Date of Meeting:   Approved  Denie	_ Date of Meeting: d □ Approved □ Denied			
APPLICANT USE							

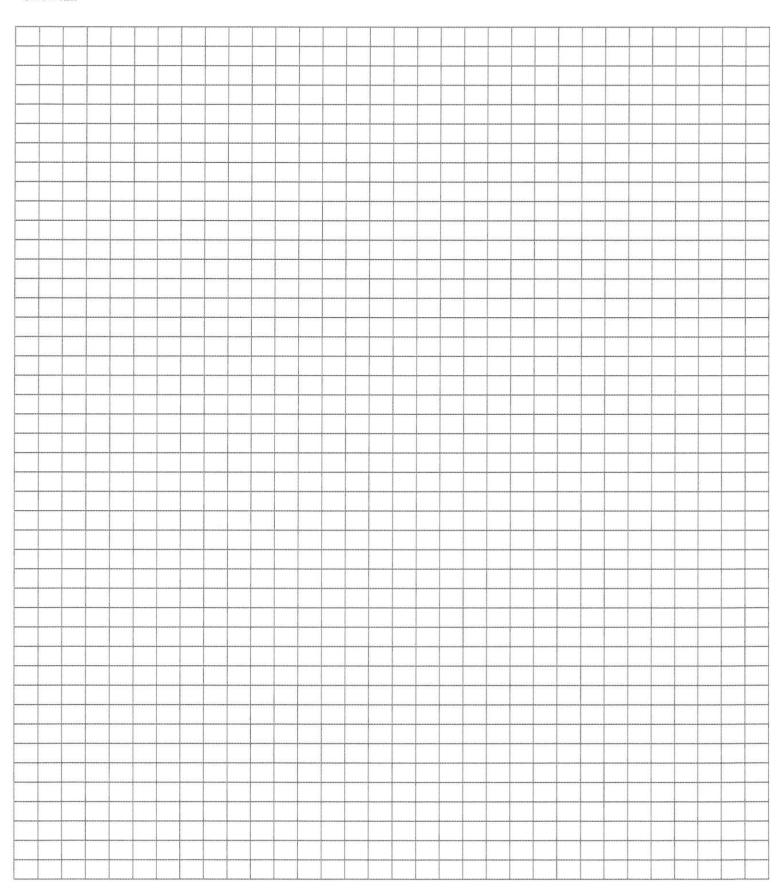
See page 3 for Submittal Requirements

dee page o for dubilities requirements					
	TIONS COMPLETED IN ENTI LY PRINT ALL INFORMATION	RETY WILL BE CONSIDERED USING INK OR TYPE)			
Property Owner:					
Property Address*:					
Mailing Address:					
		Zip Code:			
Telephone: ()	Email:				
Contractor:	ND (	Contractor's License #:			
Mailing Address:					
City:	State:	Zip Code:			
Telephone: ()	Email:				
Assessor's Parcel Number(s):					
Legal Description:					
Gross/Net Acreage:	Current Land Use: _				
Present Zone Classification:	Desired Z	Zone Classification:			
*Must be a verifiable 911 address.	Newly created addresses require s	supporting documentation from McKenzie County.			

### Describe your request in detail. You MUST cite any relevant CODE SECTIONS, WAIVERS, or **CONDITIONAL USE PERMITS.** (Use additional pages if needed) Conditional Use Permit Variance Street Name Change New Construction ☐ Alteration Vacation/Abandonment Lot Split /Subdivision Addition Zone Change (Road or Alley) (I, We), the undersigned swear and say that (I am, we are) the owner(s) of record on the tax rolls of the property involved in this application, or (am, are) otherwise qualified to initiate this application under Alexander City Code; that the information on the plans and drawings attached hereto, and all of the statements and answers contained herein are in all respects true and correct to the best of my knowledge and belief, and the undersigned understands that this application must be complete and accurate before a hearing can be conducted. (I, We) also authorize the Alexander City Planning Department and its designee, to enter the premises of the property subject to this application for the purposes of gathering information for the purpose of advising the public of the proposed application. Property Owner Signature Print Owner Name Applicant Signature (if different than above) Print Applicant Name (if different than above) **Approvals** CITY COUNCIL Signature Date PLANNING & ZONING Signature Date

# City of Alexander

Site Plan



Scale for this site plan is:

Signature	

Date \_\_\_\_\_