

DIVIDE COUNTY

APPLICATION FOR AMENDMENT TO ZONING ORDINANCE

PLANNING & ZONING COMMISSION
PHONE: (701) 965-6361 • FAX: (701) 965-4370
300 N MAIN STREET • PO BOX 49 - CROSBY, ND 58730

APPLICATION: _____

DATE ISSUED: _____

REVISED 5/2013

INSTRUCTIONS: Complete form and return completed application to the Land Use Administrator before proposed upcoming zoning meeting.

APPLICANT INFORMATION: Name: _____
Mailing Address: _____
City, State Zip: _____
Phone Number: _____ Cell: _____
Email: _____

PROPOSED CHANGE TO THE ZONING ORDINANCE:

(Reference the specific section the amendment proposes to change and the proposed change to the language of the ordinance.)

REASON FOR PROPOSED CHANGE:

(Provide an explanation as to why this change to the Zoning Ordinance is required and why it should be approved.)

I the undersigned applicant do hereby attest that the information contained in this application is truthful and correct to the best of my ability.

Signature of Applicant

Printed Name of Applicant

Date