

SPECIAL OR CONDITIONAL USE PERMIT APPLICATION

Grant County Planning & Zoning PO Box 263 Carson, ND 58529 622-3311

FEE: To Be Determined*

Payable to: Grant County Treasurer

grantcountynd.com

Ordinances & Aerial Land View

Grant County Zoning Ordinance 6.9.3 Penalties for Violations

Each violation of any regulation or restriction of this ordinance by any person shall constitute the maintenance of a public nuisance and shall, pursuant to the provisions of N.D.C.C. 11-33-21, be a class B misdemeanor. Each day that a violation occurs shall be considered a separate punishable offense.

1. NAME OF APPLICANT: _____
2. MAILING ADDRESS: _____

3. TELEPHONE NUMBER: _____
4. CONTACT PERSON NAME/TITLE: _____

5. CONTACT PERSON TELEPHONE NUMBER/EMAIL: _____

6. PROPERTY IS LOCATED IN SECTION ____, TOWNSHIP _____, RANGE _____,
QUARTER _____, AND CONTAINS ____ ACRES. (Attach map if multiple sections)
7. SPECIAL OR CONDITIONAL USE REQUESTED FOR: _____

8. PRESENT LAND USE: _____
9. PROPOSED LAND USE: _____
10. LANDOWNERS (attach additional page(s) as needed) LEGAL DESCRIPTION

11. ADDITIONAL INFORMATION MAY BE NEEDED
 - A. DESCRIPTION AND MAP OF THE SURROUNDING AREA
 - B. PRELIMINARY MAP SHOWING LOCATION OF STRUCTURES TO BE DEVELOPED ON THE SITE AND DISTANCES BETWEEN STRUCTURES
 - C. TOPOGRAPHICAL MAP OF SITE
 - D. A TIMING SCHEDULE INDICATING ANTICIPATED START AND COMPLETION DATES OF THE SITE
 - E. WRITTEN APPROVAL OF RESPECTIVE HIGHWAY AUTHORITY FOR NEW ACCESS ROADS AND/OR APPROACHES
 - F. ANY ADDITIONAL INFORMATION THE PLANNING AND ZONING COMMISSION DEEMS NECESSARY

12. The Planning and Zoning Board requires that a representative be present at the planning and zoning meeting to answer questions and have information if needed. If someone is not present, the application will be tabled.

Start Date: _____ Completion Date: _____

Print name Applicant Signature

*Determined Fee: Covers the costs of advertising, supplies and postage for Public Hearing (minimum fee \$250)
Zone Change -- If zone change is needed, an Application for Zone Change would be required, cost \$250

THIS SECTION TO BE COMPLETED BY THE COUNTY PLANNING AND ZONING BOARD

P & Z application date received _____ P & Z determined fee _____
Date permit fee paid _____ How paid – _____
Permit # _____

ACTION TAKEN RECOMMENDED APPROVED RECOMMENDED DENIED

RECOMMENDED CONDITIONS (IF ANY): _____

Print name Chairman Planning and Zoning Signature Date

THIS SECTION TO BE COMPLETED BY THE COUNTY COMMISSION

ACTION TAKEN APPROVED DENIED

CONDITIONS (IF ANY): _____

Print name Chairman County Commissioners Signature Date