



# Zoning Development Permit Application

City of Medora, ND

**ZONING ADMINISTRATOR USE**

Zoning Application No.: \_\_\_\_\_

Phase No.: \_\_\_\_\_

Date & Time Received: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Is the Property Owner aware of the proposed changes?  Yes  No

Project Street Address: \_\_\_\_\_

In Lieu of Project Street Address, provide one of the following:

<b>Property Location:</b> _____ (Subdivision) (Block) (Lots)
<b>Legal Description:</b> _____ (Qtr section) (Section) (Township) (Range)

Dimension of Land: \_\_\_\_\_ feet x \_\_\_\_\_ feet Total Square Feet: \_\_\_\_\_

**Proposed Action:**

- New Construction
- Addition/Expansion
- Removal/Demolition
- Alteration
- Subdivision
- Other: \_\_\_\_\_

**Proposed Use:**

- Commercial
- Residential
- Agriculture
- Storage
- Recreational
- Other: \_\_\_\_\_

Short Description: \_\_\_\_\_

Full Description of Proposed Work: \_\_\_\_\_

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**Please submit the following applicable attachments with this completed form:**

- Scaled Project Site Plan with lot dimensions, setbacks, and easements
- Proposed Exterior Materials
- Blueprints/Building Plans complete with each Proposed Elevation
- Photographs of Existing Conditions

Floodplain: \_\_\_\_\_ 100 year    \_\_\_\_\_ 500 year    \_\_\_\_\_ Not in Floodplain

<b>ZONING ADMINISTRATOR USE:</b>	
Permit Period:	
Begin Date _____	End Date _____
Extension _____	Extension _____
Potential Concerns: _____	
_____	

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This permit creates no warranties with regard to construction or code compliance. Any inspections under this permit are for the benefit of the public and not the permit recipient, and any inspections do not create a duty to the permit recipient, the owner, or to a subsequent purchaser with regard to quality of construction or code compliance. A decision of the Zoning Commission may be appealed to the City Council which shall act as a Board of Adjustment.*

<b>ZONING ADMINISTRATOR USE:</b>			
Conditions of Permit: _____			
_____			
_____			
<b>Action of Zoning Board:</b>	<b>Approval- Proceed with Development</b>		
	<b>Approval- Construction Permit Required</b>		
	<b>Disapproval</b>		
	<b>Other</b>		
Date _____	Vote _____		
<b>Action of the Appeal Board:</b>	<b>Approval</b>	<b>Disapproval</b>	<b>Other</b>
Date _____	Vote _____		
Date Filed _____	Signature _____		
	(Zoning Administrator)		
<b>Reviewed by Public Works:</b>	<b>Approval</b>	<b>Disapproval</b>	<b>Other</b>
List concerns _____			
<b>Concerns addressed with applicant</b>	<b>Yes</b>	<b>No</b>	<b>Date</b> _____

\*Revised March 2021