

# Wells County

Planning and Zoning

Comp. App. Date \_\_\_\_\_  
PAC Rec. Date \_\_\_\_\_  
CB Action Date \_\_\_\_\_  
CB Approval \_\_\_\_\_ Denial \_\_\_\_\_

## *Variance or Appeal Application*

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### **Developer(s):**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

### **Property Owner(s)/Fee Owner(s), if different from above:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

### **Parcel Information:**

PID#(s): \_\_\_\_\_ Parcel Acreage: \_\_\_\_\_

Complete Legal Description: \_\_\_\_\_

\_\_\_\_\_

Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Wells County Tax Director**  
**PO Box 361**  
**Fessenden ND 58438**  
**701-547-3220**

**Application Fee: \$50.00**

I hereby authorize Wells County Planning Staff to enter upon property subject to this application to gather information pertinent to this request.

Signature(s) of Developer(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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