

Wells County

Planning and Zoning

Comp. App. Date _____
PAC Rec. Date _____
CB Action Date _____
CB Approval _____ Denial _____

Special or Conditional Use Permit Application

Applicant(s):

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Cell # _____ Email _____

Property 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 to enter upon property subject to this application to gather information pertinent to this request. I further guarantee that reclamation of the site will be completed within one year of any closure of the requested operation of this site.

Signature(s) of Developer(s): _____ Date: _____

_____ Date: _____

Signature(s) of Owner(s): _____ Date: _____

_____ Date: _____

Permit Checklist

The next meeting of the Wells County Planning and Zoning Commission will be held on _____ . In order for your application of a Special or Conditional Use Permit to be on the agenda for that meeting, the following items must be returned to this office by _____ .

(If you are unable to meet this deadline, please contact the Wells County Tax Director. Information must be returned 3 weeks prior to the meeting date in order to be on the agenda.)

1. Completed "Special or Conditional Use Permit" Application Form.
2. Filing Fee (shown above.)
3. Sketch to scale showing exact location, including lot size, access locations, section and township and any other items needed to clarify application.

The Planning and Zoning Commission will meet at 7:00 P.M. in the Courtroom of the Wells County Courthouse located at 700 Railway St N, Fessenden, ND 58438.