

**DICKEY COUNTY**

**APPLICATION FOR AMENDMENT TO ZONING ORDINANCE**

PLANNING & ZONING COMMISSION

APPLICATION: \_\_\_\_\_

PHONE: (701) 349-3249 • FAX: (701) 349-4639

DATE ISSUED: \_\_\_\_\_

309 N 2ND ST • PO BOX 215 - ELLENDALE, ND 58436

REVISED 4/2026

**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