DICKEY COUNTY APPLICATION FOR AMENDMENT TO ZONING ORDINANCE

PLANNING & ZONING COMMISSION
PHONE: (701) 349-3249 ● FAX: (701) 349-4639
309 N 2ND ST ● PO BOX 215 - ELLENDALE, ND 58436

APPLICATION:_____

DATE ISSUED:_____

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

Land Use Administrator Signature _____Date _____