

DICKEY COUNTY

APPLICATION FOR BUILDING & ZONING CERTIFICATE

PLANNING & ZONING COMMISSION

APPLICATION: _____

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

DATE ISSUED: _____ EXPIRES: _____

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

REVISED 1/2026

INSTRUCTIONS:

1. For new buildings and additions to existing buildings, complete entire form
2. Include all necessary drawings in the space provided and attach any house plans, surveys, etc. of the property to application
3. Return completed application and fees to the Land Use Administrator before proposed upcoming zoning meeting.

LOCATION OF PROPOSED STRUCTURE:

Rural Dickey County
 Address: _____

CERTIFICATE FEES: CHECK ALL THAT APPLY:

- \$ 100.00 Single-Family Residential
- \$ 100.00 Multi-Family Residential
- \$ 100.00 Singlewide Mobile Home
- \$ 100.00 Doublewide Mobile Home
- \$ 100.00 Garage or Storage Building
- \$ 100.00 Commercial Building
- \$ 100.00 Industrial Building
- \$ 100.00 Ag Exempt Structure
- \$ 200.00 Conditional Use Permit
- \$ 200.00 Variance
- \$ 200.00 Zoning Change

\$ _____ Total Paid Receipt: _____

Make Check Payable to: Dickey County

APPLICANT INFORMATION*:

Name: _____
 Mailing Address: _____
 City, State Zip: _____
 Phone Number: _____ Cell: _____
 Email: _____

**If applicant is not the owner of record, enclose a letter from the owner stating concurrence of this action for the proposed use of the property.*

TYPE OF PERMIT:

- Building Permit
- Zoning Change from _____ to _____
- Variance Requested* A variance is needed if the building proposal does not meet ordinance requirements and cannot reasonably be changed to meet standards.
- Conditional Use* Use of lands or structures which are not considered a desired use of lands or structures within a described zoning district.

**Please complete the additional conditional use form and return it with this zoning application.*

ESTIMATED VALUE OF CONSTRUCTION AND IMPROVEMENTS: _____

LEGAL DESCRIPTION OF BUILDING SITE:

Lot: _____ Block: _____ Subdivision: _____

Qtr/Qtr: _____ Section: _____ Township: _____ Range: _____

PARCEL NUMBER: _____ - _____ - _____

CONSTRUCTION WILL BEGIN BY: _____ AND BE FINISHED NO LATER THAN: _____

DICKEY COUNTY
DESCRIPTION OF LOT:

APPLICATION FOR BUILDING & ZONING CERTIFICATE

Acreage or Square Feet of Parcel: _____

Lot Depth: _____ Lot Width: _____

PRESENT USE:

- Residential Agricultural Recreational
 Commercial Industrial Vacant

PRESENT STRUCTURES, CHECK THAT APPLY:

SIZE:

TOTAL NUMBER OF STRUCTURES:

- Residence _____
 Garage _____
 Shop _____
 Storage Shed _____
 Barn/Ag Outbuildings _____
 Other _____

TOPOGRAPHY:

PREDOMINANT SOIL TYPE: _____

- Flat
 Moderate Slope
 Hilly
 Steep Slope

SEWAGE DISPOSAL:*

- No Plumbing
 Septic Tank with Drain Field*
 Holding Tank

* Septic and Holding Tanks require a permit from the Dickey County Health District
Address: 205 15th St N
Ellendale, ND 58436
Phone: (701) 349-4348

WATER:*

- No Plumbing Western Area Water Drilling New Well
 City Water Existing Well

*Attach a copy of approval from Dickey County Health District and/or Dickey County Water Board

CURRENT ZONING:

- Agricultural Residential Industrial
 Recreational Commercial

PROPOSED ACTION:

- New Construction
- Addition to Existing Structure
- Move-In Structure
- Shelterbelt

PROPOSED USE: PLEASE CHECK ALL THAT APPLY

- Residential
- Commercial
- Storage
- Recreational
- Garage
- Mobile Home Park
- Agricultural
- Industrial
- RV Park

PROPOSED INTENDED ACTION WILL BE USED BY:

- Owner
- Immediate Family Member of Owner
- Hired Hand
- Leased or Rented by the owner to: _____
- Other, please explain: _____

Note: If the intended use of this property changes, you are required to notify the Land Use Administrator and may need to rezone to comply with the change.

CONSTRUCTION TYPE:

APPLICANT COMMENTS OR FURTHER INFORMATION:

- Wood Frame
- Wood Pole Frame
- Steel Frame
- Masonry or Concrete
- Dirt Floor Concrete Floor
- Mobile Home: Year: _____ Make & Model: _____
Serial#: _____

DIMENSIONS OF STRUCTURE(S):

USE: _____ **X** _____ NUMBER OF STORIES: _____ WALL HEIGHT: _____

USE: _____ **X** _____ NUMBER OF STORIES: _____ WALL HEIGHT: _____

SIDING TYPE: _____ INSULATION: Yes No

ROOF COVERING: _____ INSULATION: Yes No

FOUNDATION TYPE: _____ DEPTH: 8 Feet 4 Feet Concrete Slab

BASEMENT: Yes No TOTAL BASEMENT SQUARE FOOTAGE: _____ FINISHED SQ FT: _____

ELECTRICITY: Yes No

HEATING SYSTEM: Yes No TYPE: _____

AIR CONDITIONING: Yes No TYPE: _____

NOTE ON RESIDENTIAL DEVELOPMENT:

No lot shall contain more than one principal single family residential building, and no dwelling unit shall be built on a lot which does not abut a dedicated public right-of-way.

HIGHWAY & LOT LINE SETBACK REQUIREMENTS:

All buildings or structures shall adhere to the following public road or highway setback requirements:

- 1) The minimum setback for buildings from the centerline of all section lines and the center line of township roads shall be one hundred sixty five (165) feet.
- 2) The minimum setback for buildings from the centerline of county roads shall be two hundred (200) feet.
- 3) The minimum setback for buildings from the centerline of all state highways shall be two hundred fifty (250) feet.
- 4) The minimum setback for tree plantings from all section lines and the centerline of county roads shall be two hundred (200) feet.

AGRICULTURAL DISTRICT: MINIMUM LOT SIZE: 43,560SF SIDE & REAR SETBACKS: 70 feet

RESIDENTIAL DISTRICT SETBACKS: FRONT: 35 feet SIDE: 10 feet REAR: 10 feet

Note: Accessory buildings shall be smaller than the principal building and shall be limited to fifteen (15) feet in height and be located at least ten (10) feet from all lot lines.

APPLICANT COMMENTS/FURTHER INFORMATION: (ATTACH SHEET IF NEEDED)

I the undersigned applicant for a permit do hereby attest that the information contained in this application is truthful and correct to the best of my ability. I further agree to comply with all building codes and standards as regulated by the State of North Dakota, and the requirements and conditions of this permit, and the zoning ordinance of Dickey County.

I understand that any inappropriate use of this permit may cause me to be required to pay a penalty.

I certify that I am the D Property Owner Construction Contractor hired by the owner.

Signature of Applicant

Printed Name of Applicant

Date

A Scale Drawing must be submitted showing the dimensions of all structures on lot & distance from lot lines & setback requirements. Attach additional sheets if needed. Also include photocopies of all existing floor plans, site plans, surveys, etc. with the application.

As part of the application process, the applicant shall be required to state whether the building or structure is reasonably anticipated to have a significant impact on the transportation system. A structure is deemed to have significant impact on the transportation system if, over a period of one year, it will have an average daily usage of at least twenty-five motor vehicles whose gross weight exceeds sixty thousand pounds [27215.54 kilograms]. If the building or structure is found to have or will have a significant impact on the transportation system, the director of the department of transportation shall be notified by the Planning and Zoning Department and be given an opportunity to comment on the application. However, approval of the director of the department of transportation of the proposed structure is not required. (NDCC Section 11-33-18(2)).

DICKEY COUNTY

APPLICATION FOR CONDITIONAL USE PERMIT

APPLICATION: - - - -

ISSUED: _____ EXPIRES: _____

PLANNING AND ZONING COMMISSION

REVISED 01/2026

PHONE: (701) 349-3249

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

Applications will be reviewed by the Land Use Administrator, followed by a public hearing before the Planning & Zoning Commission and final action will be made by the Dickey County Board of Commissioners.

Initial Fee: \$750.00 Paid: _____

Remaining up to 3% total Project Cost Paid:

APPLICANT*: Name: _____

Mailing Address: _____

City, State Zip: _____

Phone: _____ Cell: _____ Email: _____

*If applicant is not the owner of record, enclose a letter from the owner stating concurrence of this action for the proposed use of the property.

OWNER: Same as above Name: _____

LEGAL DESCRIPTION OF PROPERTY:

Lot: _____ Block: _____ Subdivision: _____

Qtr/Qtr: _____ Section: _____ Township: _____ Range: _____

Parcel Number: _____ Acreage: _____

CURRENT ZONING:

Agricultural Residential Recreational Commercial Industrial

Current Use: _____

Proposed Use: _____

The proposed use is Conditionally Permitted in the following Zoning District under Section _____

Agricultural Residential Recreational Commercial Industrial

Please state in detail the reason for applying for this Conditional Use Permit (attach additional sheets if needed):

I the undersigned applicant for a permit do hereby attest that the information contained in this application is truthful and correct to the best of my ability. I further agree to comply with all building codes and standards as regulated by the State of North Dakota, and the requirements and conditions of this permit, and the zoning ordinance of Dickey County.

I understand that any inappropriate use of this permit may cause me to be required to pay a penalty.

Signature of Applicant

Printed Name of Applicant

Date

CONDITIONAL USE PERMIT REVIEW

DICKEY COUNTY ORDINANCE DEFINITION OF CONDITIONAL USE: *The development and administration of this Ordinance is based on the division of the County into districts within which the uses as land and buildings are mutually compatible. However, there are certain uses which, because of their unique characteristics cannot be classified as unrestricted permitted uses in any particular district or districts without consideration in each particular case of the impact of those uses upon adjoining lands or public facilities. Such uses nevertheless, may be necessary or desirable in a particular district provided that due consideration is given to location, development and operation of such uses.*

No conditional use permit shall be recommended by the Planning and Zoning Commission or approved by the Commission unless the applicant shall have met all the following criteria:

1. *Is proposed conditional use detrimental to or does it endanger the public health, safety, comfort or general welfare? _____ If yes, please explain.*

2. *Does the proposed conditional use substantially impair or diminish the value and enjoyment of other property in the area? _____ If yes, please explain why and who opposes.*

3. *Does the proposed conditional use impede the normal orderly development of the surrounding property? _____ If yes, please explain.*

4. *Are adequate utilities, access roads, drainage or other necessary site improvements being provided? _____ If no, please explain.*

5. *Have adequate measures been taken to provide ingress and egress to the property without adverse effects on the adjoining properties and traffic congestion in the public street? ___ If no, please explain.*

6. *Does the proposed conditional use conform to all applicable regulations of the district within which it is located? _____ If no, please explain.*

This site/facility has been inspected by the Dickey County Weed Board and is in compliance with the North Dakota Noxious Weed law NDCC 4.1-47. Must be completed before the application will be heard.

Date _____

Weed Control Officer, Dickey County Weed Board 701-220-0488

APPLICATION: __ _

LAND USE ADMINISTRATOR RECOMMENDATION TO PLANNING & ZONING COMMISSION

Approve Deny Modify Conditions Imposed Date of Public Hearing: _____

ACTION AND RECOMMENDATION BY THE COUNTY PLANNING & ZONING COMMISSION

Approve Deny Modify Conditions Imposed Date of Public Hearing: _____

Modifications:

1. _____
2. _____
3. _____

Conditions:

1. _____
2. _____
3. _____

ACTION BY THE BOARD OF COUNTY COMMISSIONERS

Approve Deny Modify Conditions Imposed Date: _____

Modifications:

1. _____
2. _____
3. _____

Conditions:

1. _____
2. _____
3. _____

DICKEY COUNTY

APPLICATION FOR A CONDITIONAL USE PERMIT

MINING: SCORIA, GRAVEL, SAND, ROCK, STONE, CLAY

PLANNING AND ZONING COMMTSSTON

APPLICATION: _____

PHONE: (701) 349-3249

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

DATE ISSUED: _____ EXPIRES: _____

REVISED 01/2026

INSTRUCTIONS:

1. Include all necessary drawings or maps of the property to application
2. Return completed application and fees to the Land Use Administrator before proposed upcoming zoning meeting which is posted online

CERTIFICATE FEES, CHECK ALL THAT APPLY:

\$ 200.00..... Conditional Use Permit

Make Check Payable to: Dickey County

TO THE DIVIDE COUNTY PLANNING & ZONING COMMISSION:

The undersigned owner or representative of the property herein described Requests a Conditional Use Permit to construct, operate, or maintain the following: (attach additional sheets if necessary)

Acreage to be Mined: _____ Estimated Cubic Yards of Aggregate: _____

LEGAL DESCRIPTION OF SITE:

Qtr/Qtr: _____ Section: _____ Township: _____ Range: _____

PARCEL NUMBER: _____ - _____ - _____ - _____

CURRENT ZONING: _____

APPLICANT INFORMATION: Name: _____

Company or Corporation: _____

Mailing Address: _____

City, State Zip: _____

Phone Number: _____ Cell: _____

I the undersigned applicant for a permit do hereby attest that the information contained in this application is truthful and correct to the best of my ability. I certify that the owner of the property (if different from the applicant) has been notified of this request and is in agreement. I further agree to comply with all codes and standards as regulated by the State of North Dakota, and the requirements and conditions of this permit, and the Zoning Ordinance of Dickey County. I understand that any inappropriate use of this permit may cause me to be required to pay a penalty.

I certify that I am the Property Owner Mine Operator

Signature of Applicant

Date

7.8.7 Excavation and Mining of Sand, Gravel, Rock, Stone, Scoria, and Clay

All mining and excavation sites shall be located so as to protect and preserve agricultural land and to minimize the traffic, noise, dust, fumes, vibration impact on adjoining uses, and disruption of known water sources. The provisions of this section shall not apply to any excavations for agricultural purposes or for uses requiring less than 5,000 cubic yards of aggregate.

An applicant for a conditional use permit to excavate or mine sand, gravel, rock, stone, scoria, or clay shall meet the following requirements:

- 1) Written evidence of reclamation agreement with the surface owner.
2) Evidence of written agreement between the applicant and adjacent property owner that excavation or processing shall not take place within three hundred (300) feet of an adjacent property line. or within five hundred (500) feet of an existing residence unless otherwise agreed.
3) Evidence of written agreement between the applicant and any adjacent residents that excavation or processing shall not take place within five hundred (500) feet of an existing residence unless otherwise agreed.
4) Evidence of meeting all site approval requirements. All excavation sites require approval by the County Commission.
5) Data Submission Requirements:
a) A site plan for operation and reclamation of the mined land including maps showing the location of the land to be mined, location of roads and points of access to the site, adjacent residences within one mile of site, maps showing the existing and proposed contours after the land is mined and a time table for operation of the site. There will be a minimum 1-to-3 slope. All top soil shall be replaced and planted to natural protected vegetation.
b) Reclamation of the site shall be completed within one year of the resource being exhausted, abandoned or closure of the operation of the site.
c) Proof of compatibility with the existing landform including the vegetation, surface, and ground water resources.
d) A surety or cash bond or other financial instrument must be posted for 150% of the total cost of improvements and anticipated reclamation costs.
6) Rock crushers shall be considered accessory to sand and gravel operations, provided that the material used and processed by said crusher is limited to that found on the site of the operation.
7) Approval of a conditional use permit DOES NOT authorize any form of temporary housing or dwelling on site.
8) Any additional information deemed necessary by the Planning and Zoning Commission shall be provided before the application for sand and gravel operations is approved.

6.4 HIGHWAY & LOT LINE SETBACK REQUIREMENTS:

All buildings or structures shall adhere to the following public road or highway setback requirements:

- 1) The minimum setback for buildings from the centerline of all section lines and the center line of county roads shall be one hundred three (165) feet.
2) The minimum setback for buildings from the centerline of all state highways shall be two hundred fifty (250) feet.

D This site/facility has been inspected by the Dickey County Weed Board and is in compliance with the North Dakota Noxious Weed law NDCC 4.1-47. Must be completed before the application will be heard.

Date _____

Weed Control Officer, Dickey County Weed Board 701-220-0488

TO BE COMPLETED BY THE LAND USE ADMINISTRATOR

Is the proposed use openly permitted in the Zoning District in which it is proposed? [] Yes [] No

If not, mark appropriate box(es): [] Conditional Use [] Variance [] Rezoning

Recommendation by County Road Foreman: () Approve () Deny [] With Conditions, see attached

Recommendation by County Weed Board: [] Approve [] Deny [] With Conditions, see attached

Zoning Administrator Signature

Date

ACTION BY THE COUNTY PLANNING & ZONING BOARD & BOARD OF COUNTY COMMISSIONERS

[] Approved [] Denied by Zoning _____ D Approved [] Denied by County Commission _____

Conditions Attached to this Permit: _____



**PERMIT APPLICATION FOR
ROCK, SAND, AND GRAVEL PLANTS**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 8530 (09-12)

SECTION A □ GENERAL INFORMATION

Name of Firm or Organization		
Applicant's Name		
Title	Telephone Number	E-mail Address
Mailing Address (Street & No.)		
City	State	ZIP Code
Contact Person for Air Pollution Matters		
Title	Telephone Number	E-mail Address

SECTION B - PLANT DATA

Type of Plant:	<input type="checkbox"/> Screening Only	<input checked="" type="checkbox"/> Crushing & Screening	<input type="checkbox"/> Permanent	<input type="checkbox"/> Portable
Source ID Number	Plant Site Area (Acres)			
Location (if permanent)				
County	Latitude (Nearest Second)	Longitude (Nearest Second)		
Legal Description of Facility Site	Section	Twp.	Range	
$\frac{1}{4}$	$\frac{1}{4}$			
Expected Operating Schedule				
Hours Per Day	Days Per Week	Week Per Year	Date of Plant Manufacture	

SECTION C - CRUSHING EQUIPMENT

Name of Manufacturer (Primary Crusher)	Rated Capacity (Tons/Hr)
Name of Manufacturer (Secondary Crusher)	Rated Capacity (Tons/Hr)
Name of Manufacturer (Tertiary Crusher)	Rated Capacity (Tons/Hr)

SECTION D - SCREENS

Size	Capacity (Tons/Hr)	Size	Capacity (Tons/Hr)

SECTION E - CONVEYORS

Conveyor Use	Capacity (Tons/Hr)

SECTION F - FUGITIVE DUST CONTROL

Is water used to control dust discharge? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Describe system:
Are fans and collectors, such as cyclones or baghouses, used to control dust discharge? <input type="checkbox"/> No <input type="checkbox"/> Yes - Describe system:
Are any other types of dust suppression methods used? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Describe system:

SECTION G - SAND WASHER

Name of Manufacturer	Capacity (Tons/Hr)
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SECTION H - STORAGE PILES

Size of Material	Average Quantity	Size of Material	Average Quantity
1		4	
2		5	
3		6	

Are any dust suppression methods used to control fugitive dust from storage piles and haul roads?
 No Yes - Describe system:

SECTION I - AVERAGE ANNUAL OUTPUT

Size of Material	Tons/Year Output	Size of Material	Tons/Year Output

Signature of Applicant	Date
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INSTRUCTIONS FOR PERMIT APPLICATION FOR ROCK, SAND, AND GRAVEL PLANTS

1. Complete and submit one form for each rock, sand, and gravel plant you plan to operate in North Dakota. Print or type all information. If an item does not apply, place NA in the appropriate space.
2. Select a number, letter, or combination of numbers and letters as a SOURCE IDENTIFICATION NUMBER for each plant owned by your company. This source identification number will be used by the Health Department to distinguish between your plants.
3. If operating in a permanent location, attach a sketch showing plant location and surroundings within a one-mile radius of the plant; indicate dwellings, public roads, haul roads, aggregate stockpiles, north arrow and direction of prevailing winds.
4. Attach a process flow diagram for your plant. Identify plant components, label all processes, types of equipment and capacities (tons/hour).
5. If you need more space to explain any system or answers, attach and label separate sheet(s).
6. For purpose of this application, the following definitions apply:

Screening Only	A process of separating pit run rock, gravel, and sand into various desired sizes. This process may include sand washing.
Crushing and Screening	A process of crushing rock and separating into various desired sizes or gravel and sand. This process may include sand washing.
Permanent	Plant operating six months or longer at the same location.
Portable	Plant operating less than six months at the same location.

An Annual Permit to Operate fee will be assessed by the Department in accordance with the applicable section of the North Dakota Air Pollution Control Rules (Chapter 33-15-23 Fees).

A filing fee of one hundred fifty dollars (\$150.00) must be submitted with the permit application.

SEND COMPLETED APPLICATION AND ALL ATTACHMENTS TO:

North Dakota Department of Health
Division of Air Quality
918 E Divide Ave., 2nd Floor
Bismarck, ND 58501-1947
(701) 328-5188

Application for Temporary Crew Housing Conditional Use Permit

Crew Camp housing requirements and regulations are outlined in Section 7.2 of the Dickey County Zoning Ordinance

Planning & Zoning Commission 309 N 2nd St PO Box 215 Ellendale, ND 58436 Phone: 701-349-3249	<input type="checkbox"/> Application Fee: \$200.00 <input type="checkbox"/> Approach Permit Make Checks Payable to Dickey County
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APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ **Cellular:** _____

Owner (if different from applicant): _____

Mailing Address: _____

City, State, Zip: _____

*** If the applicant is not the owner of record, the application must include a letter from the owner indicating their agreement with the proposed use of the property and a copy of the lease.**

CREW CAMP INFORMATION

Legal Description: _____

Parcel Number: _____

Current Zoning District: _____

7.2.2 The Zoning Commission may recommend the issuance and the Dickey County Commissions may approve and issue a Temporary Crew Housing Permit for a period of less than two (2) consecutive years, but in no event shall a Temporary Crew Housing Permit issue for a greater period of time than the said 2 (two) consecutive year period. At the expiration of the two (2) year period, another application for a Temporary Crew Housing Permit may be made by the same applicant for the same project and may be approved by the Dickey County Commissioners.

7.2.4 Skid shacks, temporary modular housing, mobile homes, and park model homes are the only housing types allowed in Crew Camp Housing in Dickey County. Mobile homes and park model homes as defined under Chapter 57-55 and Section 39-18-03.2 of the NDCC shall not be mixed with modular housing or skids shacks. Recreational Vehicles ARE NOT allowed as Crew Camp Housing within the zoning districts regulated by the Dickey County Board of County Commissioners.

Application for Temporary Crew Housing Conditional Use Permit

Type of Crew Camp Housing:

Industrial Modular

Mobile Home

Skid Shack

Park Model Home

Number of Unit Structures: _____

Number of Beds: ____ _

Amenities:

Dining

Laundry

Recreation

7.2.5 Application Procedure:

An application for a Temporary Crew Housing Permit shall be signed by the applicant or authorized representative and shall include the following information:

- A description of the units together with the numbering system for the same.
- A description of how the proposed units are set and or anchored.
- A statement that all roads and/or any approaches for the same that are to be within the facility meet county specifications.
- The name and address of the applicant and contact information.
- The name and address of the onsite manager and contact information.
- A copy of lease to be used for the premises, which shall include a provision allowing law enforcement, emergency vehicles and other county and/or state agencies to enter upon the premises used for the temporary crew housing for the purposes of patrol, rendering of emergency services and inspection to ensure compliance with applicable zoning provisions.
- An occupancy list to be maintained and provided to the county 911 emergency coordinator on a weekly basis.
- Plot plans drawn to scale showing:
 - o Housing units
 - o Additional structures
 - o Setbacks
 - o Utilities
 - o Drainage
 - o Ingress and egress
 - o Parking plans
 - o Screens, buffers, and fencing.
- Unit spacing adequate to accommodate emergency services.
- List of house rules and regulations.
- On site security plan.

Application for Temporary Crew Housing Conditional Use Permit

- Fire and emergency evacuation plan.
- Copy of permit, or approval, issued by the North Dakota State Health Department, together with any other relevant permits or letters of approval from relevant governmental authorities and/or agencies having jurisdiction over the subject property when requested by the board, refuse disposal plan, and septic or sewer discharge plan.
- Pay an annual fee in the amount of:

A crew housing fee in the amount of \$400 per person/bed shall be assessed for any "crew housing facilities" improvements as the term "crew housing facilities" is defined in 57-02.4-01 (1) of the North Dakota Century Code. This fee shall not be assessed against mobile or manufactures homes as defined under Chapter 57-55 of the North Dakota Century Code nor any park model trailers for which the owner has paid a park model trailer fee under Section 39-18-03.2 of the North Dakota Century Code.

For any lot utilized for the purposes of allowing the placement of mobile or manufactured homes as defined under Chapter 57-55 of the North Dakota Century Code or any park model trailers for which the owner has paid a park model trailer fee under Section 39-18-03.2 of the North Dakota Century Code as "crew housing", a "crew housing facility" fee shall not be assessed. However, an annual fee of \$0.10 per square foot for the total square footage of the site shall be assessed. Example:

$$\text{Site } 200' \times 400' = 80,000\text{SF}, 80,000\text{SF} \times 0.10 = \$8,000$$

- A copy of the closure/reclamation plans.
- Submit a surety bond for clean-up purposes using the following calculation:

The surety bond shall be calculated by requiring the sum of \$500 per occupant for which the applicant has applied in requesting a Temporary Crew Housing permit. For example, in the event that the applicant has applied for a crew housing facility that would allow a maximum of 250 occupants to be housed in the said facility or upon the said site, the bond would be calculated as follows:

$$250 \text{ occupants} \times \$500 = \$125,000$$

This bond shall be based upon the number of occupants allowed under the temporary crew housing permit and not the number of occupants actually residing in or upon said housing facilities or site. For example, in the event that a facility or site is permitted to house up to 250 occupants, but in fact, only 150 individuals actually reside in or upon the said facility or site, a surety bond in the amount of \$125,000, would still be required under this provision.

- Off-street parking shall be provided on a one-to-one ratio, one parking space for a personal vehicle and one parking space for a commercial vehicle for each occupant.

Prohibited Activities: No alcoholic beverages, illegal substances, or animals are allowed on the premises of a crew camp housing facility. No parking will be allowed between units and the site is to be maintained free of garbage and junk.

Application for Temporary Crew Housing Conditional Use Permit

Termination of Crew Camp Housing Permit: A Crew Camp Housing Permit is a conditional use permit subject to review by the Planning and Zoning Board at any time. The permit may be revoked, pursuant to Section 7.3 of the Dickey County Zoning Ordinance, by the County Commission anytime the applicant is in non-compliance with any of the conditions set by the Planning and Zoning Board or the County Commission for the issuance of the permit.

I, the undersigned applicant for a Crew Camp Housing Permit, do hereby attest that the information contained in this application is truthful and correct to the best of my ability. I further agree to comply with all building codes and standards as established by the State of North Dakota, the requirements and conditions of this permit, and the Zoning Ordinance of Dickey County. I understand that any inappropriate use of this permit may result in a civil penalty and possible revocation of the Crew Camp Housing Permit.

This site/facility has been inspected by the Dickey County Weed Board and is in compliance with the North Dakota Noxious Weed law NDCC 4.1-47. Must be completed before the application will be heard.

Date _____

Weed Control Officer, Dickey County Weed Board 701-220-0488

I certify that I am the:

- Owner
- Owner of the Crew Camp Housing Facility
- Manager of the Crew Camp Housing Facility

Signature of Applicant

Printed Name of Applicant

Date

FOR OFFICE USE ONLY

Application Received: _____

Application Fee Received On: _____

Reviewed by Planning & Zoning Commission: _____

Recommendation of Planning & Zoning Commission Approve Deny

Reviewed by Board of County Commissioners: _____

Action of Board of Commissioners: Approved Denied

Concerns, special conditions, additional information:

DICKEY COUNTY

PLANNING & ZONING COMMISSION
PHONE: (701) 349-3249 • FAX: (701) 349-4639
300 N 2ND ST • PO Box 215 - Ellendale, ND 58436

APPLICATION FOR ZONING VARIANCE

APPLICATION: _____
DATE ISSUED: _____
REVISED 1/2026

INSTRUCTIONS: _____

Complete form and return completed application and fee to the Land Use Administrator before proposed upcoming zoning meeting.

CERTIFICATE FEES:

D \$200.00.....Zoning Variance

\$ _____ Total D Paid Receipt: _____
Make Check Payable to: Dickey County

APPUCANT INFORMATION*: Name: _____

Mailing Address: _____

City, State Zip: _____

Phone Number: _____ Cell: _____

Email: _____

*If applicant is not the owner of record, enclose a letter from the owner stating concurrence of this action for the proposed use of the property.

LEGAL DESCRIPTION:

Lot: _____ Block: _____ Subdivision: _____

Qtr/Qtr: _____ Section: _____ Township: _____ Range: _____

VARIANCE IS REQUIRED BECAUSE:

(Describe the reason for the variance, what is the ordinance requirement and what is the proposed exception to the ordinance.)

APPUCANT COMMENTS/FURTHER INFORMATION: (ATTACH SHEET IF NEEDED)

I the undersigned applicant for a permit do hereby attest that the information contained in this application is truthful and correct to the best of my ability. I further agree to comply with all building codes and standards as regulated by the State of North Dakota, and the requirements and conditions of this variance, and the zoning ordinance of Dickey County.

I understand that any inappropriate use of this permit may cause me to be required to pay a penalty.

I certify that I am the Property Owner Construction Contractor hired by the owner.

Sig11ature of Applicant

Printed Name of Applicant

Date

A Scale Drawing must be submitted showing the dimensions of all structures on lot & distance from lot lines & setback requirements. Attach additional sheets if needed.

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 1/2026

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

Dickey County Health District

"Working together to live healthier lives"



Public Health
Prevent. Promote. Protect.

Dickey County Health District

Dickey County Health District
205 15th St N
Ellendale, ND 58436-6056
Phone 701-349-4348
Fax 701-349-3277

Date: _____

Check#: _____

____ \$150.00 Individual Permit Fee
____ \$300.00 Multi-dwelling up to 20 bedrooms
____ \$550.00 Multi-dwelling more than 20bedrooms
____ \$125.00 Holding Tank
____ \$100.00 Rebuilding Fee

SEWAGE TREATMENT SYSTEM PLANS PERMIT

OWNER _____ phone _____

INSTALL ADDRESS _____

MAILING ADDRESS _____

DIRECTIONS TO PROPERTY _____

EMAIL _____

COUNTY _____ IWP _____ RNG _____ SEC _____

SUB _____ LOT _____ BLOCK _____

LOT SIZE _____ # OF BEDROOMS _____ or # OF EMPLOYEES _____ WELL DEPTH _____

If you do not include lot size, township, range and section and number of bedrooms there will be a delay in processing your permit while we have to contact you. The building owner, contractor, plumbing contractor, and/or installer are jointly responsible for compliance with Dickey County Health District's Regulations for Individual Sewage Treatment Systems. In addition, it is your responsibility to follow all city, township and county regulations.

Owner: _____ Date: _____

DEPTH TO RESTRICTING LAYER _____ SOIL TYPE _____

SEPTIC TANK (WORKING CAPACITY) _____ GAL.

TREATMENT AREA:

TRENCH IN SQUARE FEET

6" GRAVEL _____ 12"GRAVEL _____ 18"GRAVEL _____ 24"GRAVEL _____

GRAVELLESS PIPE IN LINEAR FEET:

8" _____ 10" _____

CHAMBER SYSTEM IN LINEAR FEET:

12" TALL _____ 15" TALL _____

MOUND IN SQUARE FEET _____

ISTS PERMIT GOOD FOR 12 MONTHS FROM DATE OF ISSUE.

APPROVED BY: _____ DATE: _____

NOTIFY THIS OFFICE AT LEAST 2 BUSINESS DAYS PRIOR TO INSTALLATION FOR INSPECTION.

