

BILLINGS COUNTY

APPLICATION: _____

APPLICATION FOR CONDITIONAL USE PERMIT ISSUED: _____ EXPIRES: _____

REQUIREMENTS OF ORDINANCE 7.3

REVISED 01/2020

Applications will be reviewed by the Zoning Director, followed by a public hearing before the Zoning Board and final action will be made by the Billings County Board of Commissioners. Fee: \$_____ 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 Billings 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