

Billings County North Dakota

# Application for a Variance

Owner: \_\_\_\_\_ Applicant: \_\_\_\_\_  
(Owner's Signature or a statement from the owner authorizing this application must be attached)

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

Survey: (yes/no) if yes please attach. Legal Description: \_\_\_\_\_

Currently Zoned: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Agriculture \_\_\_\_\_ Industrial

Map showing existing land uses and zoning district classification included \_\_\_\_\_ Y \_\_\_\_\_ N

Parcel Number: \_\_\_\_\_

Fee Paid \$200.00 \_\_\_\_\_ Y \_\_\_\_\_ N

1. Please describe in detail the proposed use:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Reason Application is being requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant/Property Owner Must Sign This Application**

I certify the information contained in the application is true and correct. I authorize the Billings County Zoning inspector the right of entry to the subject property for the purpose of conduction investigations related to this permit. I understand that: 1) The purpose of the variance is not based on a desire for economic gain. 2.) The variance shall not be detrimental to the public welfare or injurious to other properties in the area. 3) The unique character of the property upon which the request is being made is not the result of actions of the applicant. 4) A Public Hearing will have to be held notice of which shall be published at least two weeks prior to the hearing in the official county newspaper.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Please Be advised that the issuance of a Variance in no way precludes the applicant's responsibility to comply with all other applicable local, state and/or federal laws or regulations.

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*Staff Use Only*

A permit for the improvements described above is approved subject to the above-noted requirements and the following conditions:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Billings County Commission Chair