



## APPLICATION FOR GROWTH PLAN AMENDMENT

We, the undersigned, do hereby submit an application to the Board of City Commissioners of the City of Fargo, North Dakota, to take such action as may be required by law to amend the Growth Plan Map, pursuant to Section 20-0905, of the Land Development Code of the City of Fargo.

Property Owner Information
Name ( <i>printed</i> ): _____
Address: _____
Primary Phone: _____
Alternative Phone: _____
Fax: _____
Email: _____

Representation Information ( <i>primary contact</i> )
Name ( <i>printed</i> ): _____
Address: _____
Primary Phone: _____
Alternative Phone: _____
Fax: _____
Email: _____
<input type="checkbox"/> Same as property owner

Location of property involved in the application decision ( <i>if applicable</i> )
Existing Zoning District: _____
Proposed Zoning District: _____
Address: _____
Legal Description ( <i>attach separate sheet if more space is needed</i> ): _____
<input type="checkbox"/> The property is located <i>outside</i> city limits: Section _____ Township _____ Range _____
<input type="checkbox"/> The property is located <i>inside</i> city limits: Section _____ Township _____ Range _____
Is this application being filed in conjunction with an application for a zoning change? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this application being filed in conjunction with a subdivision application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, <input type="checkbox"/> Minor <u>or</u> <input type="checkbox"/> Major?    Name of Plat: _____

Acknowledgement – We hereby acknowledge that we have familiarized ourselves with the rules and regulations to the preparation of this submittal and that the forgoing information is true and complete to the best of our knowledge.
Owner ( <i>Signature</i> ): _____ Date: _____
Representative ( <i>Signature</i> ): _____ Date: _____
Note: A nonrefundable filing fee of \$300.00 must be accompanied with the application at time of submittal.

Office Use Only
Date Filed: _____ Planning Office Contact: _____
Nonrefundable Filing Fee \$300.00: _____