



North Dakota

Special Use Permit Application

Property Owner Name: _____

Phone Number: _____ Email: _____

Address: _____
City State Zip

Property Owner Signature _____ Date _____

Applicant/Permittee Name: _____

Contact Name: _____

Name of Business (If Applicable): _____

Phone Number: _____ Email: _____

Address: _____
City State Zip

Applicant/Permittee Signature _____ Date _____

Special Use Permit requested for the following use: _____

Current Zoning: _____ Current Use: _____

Total Square Footage or Acreage of Subject Property: _____

Legal Description of Property: _____

City Auditor Signature: _____