



Zoning Ordinance Amendment Application

Amendment applicants must present their application to the auditor of the City of New England. Complete all information areas that apply to your request. For assistance completing this application, contact the zoning commission.

REQUESTED AMMENDMENT ACTION

District Map Zoning Ordinance

Present Map District Boundaries Location/Ordinance Text Article ___ Sec _____

Proposed Map District Boundaries Location/Ordinance Text Article ___ Sec _____

Reason for proposed change _____

If Change in District Map, complete the following property information

Legal Property Description _____

Property Address _____ Owner _____

Occupant _____ Present Use _____

(if different from owner)

Surrounding Land Use and Zoning District Designations (circle all that apply)

North Use _____ R-1 R-2 MH-1 MH-2 C I A RC F Other _____

South Use _____ R-1 R-2 MH-1 MH-2 C I A RC F Other _____

East Use _____ R-1 R-2 MH-1 MH-2 C I A RC F Other _____

West Use _____ R-1 R-2 MH-1 MH-2 C I A RC F Other _____

If a change in the District Map is for new development, describe the plans for the development and the impact to the surrounding area and the city.

Applicant(s) Name _____

Applicant Address _____

Phone Number: _____ Fax Number: _____

Email: _____ Date of Request _____

Owner: _____ Tenant: _____ Other: _____

FOR OFFICIAL USE ONLY

Commission Recommendation
Date of Meeting _____ Approval Denial Initials _____

City Council
Date of Hearing _____ Approved Denied Initials _____

Date Published in Paper of Record _____ Auditor _____

Date Filed with Hettinger County _____ Auditor _____

