



Planning and Zoning Department
 800 4th Avenue E., Suite 1
 West Fargo, ND 58078
 Office: 701.515.5370
 Email: planning@westfargond.gov

WestFargoND.gov

APPLICATION FOR REZONING (ZONING MAP AMENDMENT)

Note: Prior to submitting application, please contact the City of West Fargo Department of Planning & Zoning to discuss your application and/or to schedule a pre-development meeting.

Application Submittal Checklist – The following items must accompany this form for your application to be considered complete:
<input type="checkbox"/> Application fee - \$300
<input type="checkbox"/> Site plan

Property Owner Information
Name (printed): _____
Address: _____
Primary Phone: _____
Alternative Phone: _____
Email: _____
(Attach separate sheet if multiple owners)

Representative Information (Point of Contact)
<input type="checkbox"/> Same as Property Owner
Name (printed): _____
Company: _____
Address: _____
Primary Phone: _____
Alternative Phone: _____
Email: _____

Zone Change & Subject Property Information	
Existing Zoning District(s): _____	Proposed Zoning District(s): _____
Existing Use: _____	Proposed Use: _____
Address: _____	
Legal Description (attach separate sheet if needed): _____	
Please briefly describe the reason for your request: _____	

Acknowledgement – We hereby acknowledge that we have familiarized ourselves with the rules and regulations to the preparation of this submittal and that the foregoing information is true and complete to the best of our knowledge and that correspondence regarding this application will be submitted to the application representative named above.	
_____ Owner Signature (Attach separate sheet for multiple owners)	_____ Representative Signature

For City Use Only	
Date filed: _____	Case Number: _____
Payment Information: _____	