APPLICATION FOR PLANNING COMMISSION HEARING
City of Devils Lake

Name of Applicant_____

Name of Property Owner_____

Property Address_____

Legal description_____

Describe project (attach sketch of plan) _____

_____

_____

Type of action requested: ___Conditional use permit ___Subdivision approval

___Annexation ___Change in zoning

___Other_____

Explain why you feel your request should be granted _____

_____

_____

I certify that the above information is, to the best of my knowledge, accurate and complete. I understand that any false or inaccurate statements may constitute grounds for revocation of any action taken on the basis of this information.

Applicant's signature_____ Date_____

Owner's signature_____ Date_____

Applicant or applicant's representative must attend public hearing.

W W W W W W W W W W W W W W W W W W W W W W

Do not write below this line

Date of hearing_____ Fee Paid_____

Request ___approved ___denied ___tabled ___withdrawn ___other

Comments_____

_____

Chairman's signature_____ Date_____