

Plat Vacation Application

Applicant(s):

Name(s) _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Email _____

Property Owner(s)/Fee Owner(s), if different from above:

Name(s) _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Email _____

Parcel Information:

Property ID#(s): _____ Parcel Size: _____

Complete Legal Description: _____

Present Zoning: _____

Name of Subdivision: _____

Application and Recording Fee: \$200

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I hereby authorize Grand Forks County Planning Staff to enter upon property subject to this application to gather information pertinent to this request.

Signature(s) of Applicant(s): _____ Date: _____

_____ Date: _____

Signature(s) of Owner(s): _____ Date: _____

_____ Date: _____

The Planning and Zoning Commission is scheduled to meet on the second Tuesday of each month. Contact the Planning and Zoning Office for confirmation. Information must be returned 3 weeks prior to the meeting date in order to be on the agenda.

The Planning and Zoning Commission meets at 7:30 P.M. in the Commission chamber on the six floor of the County Office Building located at 151 South 4th Street in the City of Grand Forks.

