



PLANNING AND DEVELOPMENT

**200 Third Street North
Fargo, North Dakota 58102**

Phone : (701) 241-1474

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APPLICATION FOR TEXT AMENDMENT

We, the undersigned, do hereby submit an application to the Board of City Commissioners of the City of Fargo, North Dakota, to take such action as may be required by law of the City of Fargo to amend the text, pursuant to Section 20-0904, of the Land Development Code of the City of Fargo.

Section 20-0904.E. requires that any proposed text amendments satisfy all of the following criteria:

1. The amendment must be consistent with the purpose of this Land Development Code;
2. The amendment must not adversely affect the public health, safety, or general welfare; and
3. The amendment is necessary because of changed or changing social values, new planning concepts or other social or economic conditions in the areas affected.

Property Owner Information
Name (<i>printed</i>): _____
Address: _____
Primary Phone: _____
Alternative Phone: _____
Fax: _____
Email: _____

Representation Information (<i>primary contact</i>)
Name (<i>printed</i>): _____
Company _____
Address: _____
Primary Phone: _____
Alternative Phone: _____
Fax: _____
Email: _____
<input type="checkbox"/> Same as property owner

The current text, which is the subject of this application, in pertinent part, reads as follows:
Section of the LDC _____

The applicant hereby requests that said language be revised to read as follows:



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The proposed text amendment(s) stated herein satisfies these requirements, because (attach additional sheets if necessary):

Acknowledgement – We hereby acknowledge that we have familiarized ourselves with the rules and regulations to the preparation of this submittal and that the forgoing information is true and complete to the best of our knowledge.

Owner (*Signature*): _____ Date: _____
 Representative (*Signature*): _____ Date: _____

Note: A nonrefundable filing fee of \$300.00 must be accompanied with the application at time of submittal.

Office Use Only

Date Filed: _____ Planning Office Contact: _____
 Nonrefundable Filing Fee \$300.00: _____