

# Conditional Use Permit Application for Temporary Housing Renewal

---

Date Submitted by Applicant: \_\_\_\_\_ Existing File Number: \_\_\_\_\_  
Fee: \$500

## Applicant Information

Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Property Owners Information

Property Owners Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Property Information

Parcel Number: \_\_\_\_\_  
Legal Description: T \_\_\_\_\_ R \_\_\_\_\_ Sec. \_\_\_\_\_ Quarter Des. \_\_\_\_\_  
Total Acreage of Property: \_\_\_\_\_ Current Zoning: \_\_\_\_\_  
Full Physical Address: \_\_\_\_\_

## Temporary Housing Information

Type of Camp (Open or Closed): \_\_\_\_\_ Company Name: \_\_\_\_\_  
Type of Structures: \_\_\_\_\_  
Seasonal: \_\_\_\_\_ If yes, what months will you be open: \_\_\_\_\_  
Is this for a State Project: \_\_\_\_\_ If Yes, Please Provide Supporting Documentation  
Number of Units: \_\_\_\_\_ Number of Beds: \_\_\_\_\_

## Types of Structures

**SU – Skid Unit** - Structure or group of structures, either single or multi-sectional, which is NOT built on a permanent chassis and is ordinarily designed for human living quarters or place of business, on a temporary or permanent basis.

**IMB – Industrialized Modular Building** - Do not fit under the definition of RV, Skid Unit, Park Model Trailer, Manufactured Home or Modular Structure.

**PM - Park Model Trailer** - Similar to a Manufactured Home-it is already taxable under ND law unless it is located in a trailer park or campground or is registered as a travel trailer, and the owner has paid a park model trailer fee.

**MH - Manufactured Home** - Single or multi-sectional structure which is built on a permanent chassis and is either attached to utility services or is 27 feet or more in length.

**MS – Modular Structure** - Similar to a MH however the chassis is removed prior to building placement.

## Requirements

- Clearance from Health Department
- Clearance from Williams County Sheriff's Department
- Clearance from the Fire Inspector
- Bed fees must be paid in full before the Conditional Use Permit can be issued
- Restoration bond must be submitted to Development Services before the Conditional Use Permit can be issued

# Conditional Use Permit Application for Temporary Housing Renewal

---

## Signatures

I HEREBY CERTIFY UNDER PENALTY OF PERJURY AND THE LAWS OF THE STATE OF NORTH DAKOTA THAT THE INFORMATION SUBMITTED HEREIN, ON ALL OTHER FORMS, DOCUMENTS, PLANS OR ANY OTHER INFORMATION SUBMITTED AS A PART OF THIS APPLICATION ARE TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. SHOULD ANY INFORMATION OR REPRESENTATION SUBMITTED IN CONNECTION WITH THIS APPLICATION BE INCORRECT OR UNTRUE, I UNDERSTAND ANY APPROVAL BASED THEREON MAY BE RESCINDED AND OTHER ENFORCEMENT ACTION MAY BE TAKEN. WILLIAMS COUNTY DOES NOT CARRY ANY LIABILITY FOR THE ACCURACY OF THE PROVIDED INFORMATION.

Land Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Land Owner (if multiple): \_\_\_\_\_ Date: \_\_\_\_\_  
Land Owner (if multiple): \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

---

All applications must be submitted in person or by mail. Applications will be turned down or returned if all supporting materials, including application fee payment, are not submitted together. Additional information as requested by the Planning Manager may be sent by mail or e-mail. No application will be processed, reviewed or scheduled for a public hearing or administrative review if it is incomplete.

If the applicant is a corporation, LLC, an attorney, realtor or someone other than the owner, the name of the application shall remain consistent throughout the supporting materials submitted. When the applicant is a representative of the property owner, a notarized statement authorizing the representative to act as an agent of the property owner is required to be submitted together with the application. Please contact the Planning Division by phone or e-mail with any questions.

### OFFICE USE ONLY

Previous Bed Fees Paid: \_\_\_\_\_  
Bed Fee Amount: \_\_\_\_\_  
Date of Payment: \_\_\_\_\_  
CUP Approval Date: \_\_\_\_\_  
CUP Expiration Date: \_\_\_\_\_  
Department Head Signature: \_\_\_\_\_