Unified Development Application

Have you met with Planning Staff regarding your application?	Yes
Please upload the letter or counseling form you received following your pre-application meeting:	Pre-Application Letter NDDOT 6.16.2023.pdf
Name	Rob Rayhorn
Company	NDDOT
Applicant Email	rrayhorn@nd.gov
Applicant Phone #	(701) 227-6511
Applicant Representative (if applicable)	Andrew Schrank
Applicant Representative Company	Highlands Engineering
Applicant Representative Email	schrank@highlandseng.com

Applicant Representative (701) 483-2444 Phone # Type of Development Rezoning - Zoning Map Amendment **Owner Name** State of North Dakota Department of Transportation **Owner Address** 1700 3rd Ave W, Suite 101, Dickinson, ND, 58601 **Owner Email** rrayhorn@nd.gov Owner Phone # (701) 227-6511 Is the owner present to No Sign 231195 Owner Signature.pdf **Owner Signature Upload** Will this application require any other action to Yes complete the development? Metes and Bounds Block 1 of Highway Department Addition to the City of Description Dickinson, Stark County, ND. 1/4 Section Township Range NW1/4 Description T140N **R96W** Section 34 Legal - Lot/Block/Addition Lot Block Addition Highway Description Department 1 1 Addition Property Address / The property address is 1700 3rd Ave W, Dickinson, ND 58601, General Project Location and it is generally located east of 3rd Ave W and south of 21st Street W. Total Square Footage or Acreage of Subject ±17.7 acres Property **Existing Zoning**

CC - Community Commercial

Proposed Zoning	P- Public	
Rezone Calc Multiplier	1	
Overlay District Description	Highway 22 Corridor Overlay District	
Minor Platting Multiplier	0	
Prelim Platting Multiplier	0	
Major Platting Multiplier	0	
Application Calc	250	
Required Documentation Upload	231195 Site Sketch 2023-10-04.pdf 231195 Transmittal-REZONE City.pdf 231195 Zoning Map_2023-10-04.pdf	
Deed for Property	231195 Quit Claim Deed.pdf Highway Department Addition.pdf	
Application Fees	Applicable Fees	250.00 USD
	Total:	\$250.00
	Transaction ID:	n1shq4dx
	== Payer Info== First Name Andrew Last Name Schrank	
Applicant Signature		
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Date	10-06-2023	

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