



Community Development Department  
P.O. Box 128  
60 North Main Street  
Coalville, Utah 84017  
Phone: 435-615-3124  
www.summitcounty.org

## GENERAL PLAN AMENDMENT

- Snyderville Basin
- Eastern Summit County

### OFFICE USE ONLY

Project #: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Received By: \_\_\_\_\_ Plan Check #: \_\_\_\_\_

### PROJECT INFORMATION

Project Description/Type of Use: \_\_\_\_\_  
Address: \_\_\_\_\_ Tax ID#: \_\_\_\_\_  
Total Project Area: \_\_\_\_\_ Acres \_\_\_\_\_ Square Feet  
Building Footprint Sq. Ft.: \_\_\_\_\_ Building Gross Sq. Ft.: \_\_\_\_\_  
Number of Units: \_\_\_\_\_  
Name of Development: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Applicant's Interest in Subject Property:  
 Owner  Contractor  Architect  Engineer  Other: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**SUBMITTAL REQUIREMENTS – Certain submittal requirements may be waived by Staff depending on the circumstance of each application and whether or not certain items are necessary to understand the nature of the project.**

- Written description of the proposed General Plan amendment(s).
- 1 electronic copy of the required materials in PDF format.
- ADDITIONAL INFORMATION MAY BE REQUIRED by the project planner to ensure adequate information is provided for staff analysis. All information required for staff analysis will be available for public review.**

**Applicant Initials** \_\_\_\_\_

**FEES**

**Application Fee:** \$3,000

All application fees must be paid at time of application submittal. No application will be processed until all application fees are paid. Notification and publication fees for required public hearing notices (individual notices mailed to property owners - \$2 per notice; 14 day publication of legal notice in local newspaper – cost of notice) will be billed to applicant. Notification fees must be paid within 15 days of billing.

Please note regarding fees: The payment of fees and/or the acceptance of such fees by County Staff does not constitute any sort of approvals, vesting, or signify that the application is complete or appropriate in any manner. The collection of fees is simply a requirement to begin the review process that will ultimately make such determinations.

**OWNER'S ACKNOWLEDGEMENT**

I hereby declare under penalty of perjury that this application form and all information submitted as part of this application form is true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application form be incorrect or untrue, I understand that Summit County may rescind any approval or sufficiency determination, or take other appropriate action.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

STAFF NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_