



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

REZONE

- 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 rezone, including the reason for the proposed request.
- Applicable development permit and associated fees: An application for a rezone will only be considered when accompanied by an applicable development proposal (e.g. Conditional Use Permit).
- 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: \$2,000

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 COMMENTS: _____
