

(Please read and retain this page for your information)

**UTAH COUNTY COMMUNITY DEVELOPMENT**

**APPLICATION TO AMEND THE ZONE MAP  
(Not requiring a general plan amendment)**

Procedure

For all Zone Map amendments an “Application to Amend the Zone Map,” must be obtained from the Community Development Department and completed.

The application must contain all requested information and be submitted to the Community Development Department for review by 5:00 p.m. on the Monday 28 days prior to the next regularly scheduled meeting (Planning Commission meetings are held on the third Tuesday of each month).

The administrative fee of \$400.00 must be paid before the application can be accepted, and is not refundable.

The Community Development Department will notify all affected entities and accept comments on the application.

The Planning Commission will review the application at a public hearing and make a recommendation to the County Commission to approve, approve with modifications, or disapprove the proposed Zone Map amendment.

The County Commission, after receiving the recommendation from the Planning Commission, may then schedule a public meeting to hear public input on the application and take action to approve or deny the Zone Map amendment, or to refer it back to the Planning Commission with modifications.

**UTAH COUNTY COMMUNITY DEVELOPMENT**

**APPLICATION TO AMEND THE ZONE MAP  
(Not requiring a General Plan Amendment)**

<b>Check the approval(s) needed</b>  ___ Planning Commission  ___ County Commission	Section _____ Township _____ Range _____
	Application Taken By _____
	Date _____
	Fee Paid _____ Receipt # _____

All Zone Map amendments are subject to approval by the Planning Commission and the County Commission.

In preparation of any Zone Map amendment, due and careful consideration will be given to the recommendations of the general plan, the intent of the zoning district as written in the Land Use Ordinance, the suitability of the land for particular uses, and encouraging the most appropriate use of land throughout the county. No application should be approved when it is determined that the proposed amendment does not promote the health, safety, morals, convenience, or general welfare of the public.

As part of an application for a Zone Map amendment, the applicant must submit one or more maps or documents:

1. A boundary description of the area proposed for amendment.
2. A map identifying the property boundaries and adjacent property ownership.

Applicant's Name: _____	Date: _____
Mailing Address: _____	City _____ State _____ Zip _____
Phone: _____	Email (Required) <sup>†</sup> : _____
Property Owner's Name (if different from applicant): _____	

**<sup>†</sup>UNLESS REQUESTED OTHERWISE, APPLICANT AGREES TO RECEIVE INFORMATION/NOTICES RELATIVE TO THIS APPLICATION VIA EMAIL**

**Refund Information:** If this application fee, or any portion of the application fee is to be refunded, please indicate Name and Mailing Address where refund may be sent.

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

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Attach additional sheets and documents to application)

1. Proposed new Zone Map designation: \_\_\_\_\_  
Present Zone Map designation: \_\_\_\_\_
2. Describe in detail the need for the proposed Zone Map amendment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Zone Map amendment information:
  - a. Legal description (Section, Township, and Range): \_\_\_\_\_  
\_\_\_\_\_
  - b. Tax numbers of parcels affected: \_\_\_\_\_  
\_\_\_\_\_
  - c. How is the land being used at present? \_\_\_\_\_  
\_\_\_\_\_
  - d. Describe adjacent land uses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How will the Zone Map amendment avoid causing adverse conditions not already present, or avoid causing any significant increase in any adverse conditions which may already be present?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. In what ways does the proposed amendment promote the health, safety, morals, convenience, or general welfare of the public? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge the above information is accurate and complete.

\_\_\_\_\_  
Signature of Applicant