



# Rezone Application

**\*All sections of this application must be filled out and fees paid upon submittal or application will be deemed incomplete.**

Address of Property: \_\_\_\_\_ Tax ID/Parcel Number: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_ Total Area/Acres/Sq Ft: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_ Proposed Use of Property: \_\_\_\_\_

Project Description: \_\_\_\_\_

**Name(s) of Applicant(s) or Authorized Agent(s):** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Name(s) of Property Owner(s) (if other than applicant):** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Architect/Engineer:** \_\_\_\_\_ Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Certification:**

I certify under penalty of perjury that this application and all information submitted as a part of this application is true, complete, and accurate to the best of my knowledge. I also acknowledge that I have reviewed the application and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. I agree also to comply with any and all applicable City Ordinances in effect at this time. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Brigham City may rescind any approval, or take any other legal or appropriate action. I also agree to allow the Staff, Planning Commission, or City Council or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof. I also understand the property owner or the authorized agent will be billed for engineering fees in excess of one hour and will be responsible for repayment of those fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** Attendance at Planning Commission and City Council meetings is required by the applicant or a representative. It is the applicant's responsibility to call for meeting dates and times.

**Office Use Only**

Application # _____	Application Fee	\$250.00 <sup>a</sup>
Date Received _____	Engineering Deposit	\$500.00 <sup>b</sup>
PH Mtg Date _____	Total	\$750.00
CC Mtg Date _____	Receipt Number	_____
	Deposit work order number	_____

<sup>a</sup> This fee includes 1-hour of Engineer fees (no refund for projects taking less than 1-hour).  
<sup>b</sup> Engineering fees in excess of 1-hour will be reimbursed by the applicant monthly to the City for the actual cost. A financial guarantee shall be made to the City through a cash deposit in the amount of \$500 due at the time of application. Upon final completion of the project, this guarantee will be refunded to the applicant upon final approval of the City and payment of the final engineering bill.  
<sup>c</sup> Applicable Engineering fees in excess of 1-hour will be reimbursed by the applicant monthly to the City for the actual cost.

AFFADAVIT

**PROPERTY OWNER**

\* IMPORTANT - ALL property owners of record MUST sign this form – use additional forms as necessary

STATE OF UTAH )  
COUNTY OF \_\_\_\_\_ ) §

I, (we) \_\_\_\_\_, being duly sworn, depose and say that I, (we) am (are) the owner(s)\* of the property identified in the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge.

\*May be owner of record, contract owner, party to valid real estate purchase contract, party to valid earnest money agreement, option holder or have other legal control of property.

\_\_\_\_\_  
(Property Owner)

\_\_\_\_\_  
(Property Owner)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary)

**AGENT AUTHORIZATION**

\* IMPORTANT - ALL property owners of record MUST sign this form – use additional forms as necessary

STATE OF UTAH )  
COUNTY OF \_\_\_\_\_ ) §

I, (we) \_\_\_\_\_, the owner(s) of real property described in the attached application, do authorize as my (our) agent(s) \_\_\_\_\_ to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the City considering this application and to act in all respects as my (our) agent(s) in matters pertaining to the attached application.

\_\_\_\_\_  
(Property Owner)

\_\_\_\_\_  
(Property Owner)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me \_\_\_\_\_, the signer(s) of the above agent authorization who duly acknowledged to me that they executed the same.

\_\_\_\_\_  
(Notary)