



FRANCIS CITY ZONING MAP AMENDMENT APPLICATION

NOTE: The zoning map amendment process requires two public hearings and a minimum of 60 days to process to meet scheduling, workload, and legal posting requirements.

Planning Commission:

Date: _____ Decision of Commission: _____

City Council:

Date: _____ Decision of Council: _____

Non-Refundable Fee Paid: \$ _____

Received By: _____

Fees: Zoning Map (\$2,500) Professional Review (City Engineer and/or City Attorney)

Property Tax ID / Parcel Number(s): _____

Name of Owner(s): _____

Address: _____

Mailing Address (if different): _____

Phone: _____ Email: _____

Name of Applicant or Authorized Agent(s): _____

Mailing Address: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

Owner's Authorization to file application:

I authorize _____ to act as my representative in all matters relating to this application.

Owner's Signature: _____ **Date:** _____

Current Zoning: _____ Proposed Zoning: _____

General description of zoning map amendment:

Attach all required information as per the following review process checklist. Incomplete information may be cause for denial of the application. These requirements are the minimum; other information may be required by the Code, Staff, Planning Commission, or City Council.

Initial by City Planner if completed, cross out and sign by City Planner if waived or not applicable to application:

- _____1. Digital copies of vicinity maps identifying the subject site in relation to adjoining public streets and the neighborhood in which it is located with north arrow and scale, showing the current zone of the property and the zone desired.
- _____2. Legal description of the land affected by the petition.
- _____3. Statement of reason for amendment.
- _____4. Concept plan drawing(s) of proposed project, if applicable.
- _____5. The names and addresses of the property owners within 600 feet as shown on the County Assessor's tax files, together with two sets of stamped, addressed envelopes for each such owner including Francis City 2317 South Spring Hollow Road, Francis UT 84036 as the return address.
- _____6. Planning review fee of \$2,500.
- _____7. Any other information that might be helpful to the city in reviewing the proposed amendment including:

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 City Code(s) and that items and checklists contained in this application are 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 Codes 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 Francis City may rescind any approval, or take any other legal or appropriate action. I also agree to allow the Staff, Planning Commission, City Council or appointed agents(s) of the City to enter subject property to make any necessary inspections thereof.

Signature

Date

Printed Name

Title