



APPLICATION for
MASTER PLAN AMENDMENT within
COALVILLE CITY:

For Office Use Only:

Application #: _____ Application Date: _____
PC Approval Date: _____ CC Approval Date: _____
Community Development Director Approval Date: _____ Initial: _____
Expiration Date: _____ Denial Date: _____
Fee Paid: \$ _____ Receipt #: _____

Project Name: _____

Project Address or Area: _____

Name of Owner: _____

Address of Owner: _____

Phone: _____ **Cell:** _____

Email: _____ **Fax:** _____

Name of Applicant: _____

Address of Applicant: _____

Phone: _____ **Cell:** _____

Email: _____ **Fax:** _____

Please include with the application:

- ___ 1. A statement declaring the purpose for the amendment and the exact language. Include proposed boundaries, master plan area, and / or zoning district changes.
- ___ 2. Declare why the present master plan requires amending.
- ___ 3. A copy of the Sidwell Map(s) that cover for the subject area and list of affected properties Sidwell Numbers.
- ___ 4. Depending on the request, the names and addresses of all property owners within 450 feet of the subject property. The address and Sidwell number of each property owner must be typed or clearly printed on gummed mailing label. Please include yourself and the appropriate Community

Council Chair(s). Address labels are available at the address listed below. **The cost of first class postage for each address is due at time of application. Please do not provide postage stamps.**

- ___ 5. If applicable, a signed , notarized statement of consent from property owner authorizing applicant to act as agent.
- ___ 6. If applicable, a signed, notarized statement of consent from property owner authorizing applicant to act as agent
- ___ 7. **Filing fee of (\$100 per unit + Notification and Publication Costs) due at time of application.**

Notice: Additional information may be required by the project planner to ensure adequate information is provided for staff analysis.

All information submitted as part of the application may be copied and made public including professional architectural or engineering drawings which will be made available to decision makers, public and any interested party.

If you have any questions regarding the requirements of this application, please contact the Community Development Director prior to submitting the petition.

County tax parcel (“Sidwell”) maps and names of property owners are available at:

Summit County Recorder’s Office
60 North Main Street
Coalville, Utah 84017

File the complete application at:

Coalville City Hall
10 North Main Street
Coalville, Utah 84017

Signature of Property Owner or Representative:

_____ Date _____

Please Answer the Following Questions (Use an Additional Sheet if Necessary):

1. General Description of the proposed Master Plan Amendment:

2. A statement declaring the purpose for the amendment and the exact language. Include proposed boundaries, master plan area, and / or zoning district changes.

3. Declare why the present master plan requires amending.