ZONING ORDINANCE & GENERAL PLAN AMENDMENTS APPLICATION PACKET



Milford City PO Box 69 26 South 100 West Milford, UT 84751 (435) 387-2711 Fax (435) 387-2748



Dear Applicant,

This application packet has been developed as a means to assist you, the applicant, in understanding the application procedure and requirements when applying for a **Zoning Ordinance & General Plan Amendment**. This packet includes all the necessary background information you will need to prepare and file a complete submittal that will allow your application to be processed and reviewed in the timeliest manner possible. The following materials have been included in this application packet for your convenience:

- Zoning Ordinance & General Plan Amendment Application Form
- Affidavit Form
- Zoning Ordinance & General Plan Amendment Application Checklist
- Zoning Ordinance & General Plan Amendment Application Review Process Chart

Incomplete Applications will not be accepted, receipted, or processed. In order to adequately process your application, the following materials will be required at the time of submission of your application:

- Completed Application Form
- Signed & Notarized Affidavit Form
- All items listed on the Application Checklist (incomplete submissions will not be accepted).
- Application Filing Fee \$100.00
- Other supporting materials as applicable.

Should you have any further questions regarding the application materials, process, or laws and ordinances governing amendment petitions, please feel free to contact the city office. Thank you for your interest in Milford City, and we look forward to working with you very soon.

Sincerely,

Milford City

Milford City Form 81 Zoning Ordinance & General Plan Amendment Application 26 South 100 West, Milford, UT 84751 (435) 387-2711	CITY OA MILFORD					
www.milfordut.com						
Application Date:						
	Physical Address:					
Telephone:	_ Fax:					
Mobile Phone:	_ Email Address:					
Name of Property Owner(s):						
	Physical Address:					
Telephone:	_ Fax:					
Mobile Phone:	_ Email Address:					
Current Zoning District:						
Address/Legal Description of propert						
Parcel #:						
Purpose of Zoning Ordinance &/or General Plan Amendment:						
FOR CITY USE ONLY						
Date Received:	Date Filing Fee Paid:					
Check #:	Receipt #:					
Approval Date:	Deny Date:					

PROPERTY OWNER AFFIDAVIT

STATE OF _____

COUNTY OF _____

I (we),______, being duly sworn, depose and say that I (we) am (are) the owners(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. I also acknowledge that I (we) have received written instruction regarding the process for which I (we) am (are) applying and the Milford City Staff have indicated they are available to assist me in making this application.

DATED this	dav	of	20	
	- concerning	· · ·	- <u> </u>	

Property Owner Signature

Property Owner Signature

Subscribed and sworn/affirmed to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires:_____

AGENT AUTHORIZATION AFFIDAVIT

STATE OF ______ §

COUNTY OF

I (we),______, the owner(s) of the 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 respect as our agent in matters pertaining to the attached application.

DATED this _____ day of _____ 20____.

Property Owner Signature

Property Owner Signature

Subscribed and sworn/affirmed to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires:_____

ZONING ORDINANCE & GENERAL PLAN AMENDMENT APPLICATION CHECKLIST

Incomplete applications will not be accepted and will be returned to the applicant. All required items shall be submitted with the application.

Submission Requirements

- ✓ Application Filing Fee of \$100.00
- ✓ Completed Application Form
- A list of all owners of property located within 300 feet of the exterior boundaries of the subject property; the list shall be keyed to a map showing the location of these properties. This list can be obtained by contacting the Beaver County Administrative Office at 435-438-6484.
- ✓ An accurate, scaled drawing of the site and the surrounding area showing existing streets and property lines for a distance determined by the City to be necessary to illustrate the relationship to any impact on the surrounding area.

Zoning Ordinance Text Amendment

- ✓ Copy of ordinance (with chapter and section references) to be amended.
- ✓ The requested amendment with proposed text & reasons supporting the request (be as specific as possible).
- ✓ If the proposed amendment requires a change in the zoning map please include the following:
 - An accurate property map showing present & proposed zoning classifications.
 - All abutting properties showing present zoning classifications.
 - An accurate legal description & an approximate common address of the area proposed to be rezoned.

General Plan Amendment

- Copy of the master plan section or resolution (with chapter & section references) to be amended.
- The requested amendment with proposed text & reason supporting the request (be specific as possible).

Procedures for Determination of Application Completeness

