

PARK CITY MUNICIPAL CORPORATION  
 PLANNING DEPARTMENT  
 445 MARSAC AVE | PO BOX 1480  
 PARK CITY, UT 84060  
 (435) 615-5060



## REQUEST FOR EXTENSION OR MODIFICATION OF APPROVAL

<i>For Office Use Only</i>		
PLANNING COMMISSION HEARING DATE(S) _____	CITY COUNCIL HEARING DATE(S) _____	APPLICATION # _____
APPROVED _____	APPROVED _____	DATE RECEIVED _____
DENIED _____	DENIED _____	ORDINANCE # _____
PROJECT PLANNER _____		EXPIRATION _____

### PROJECT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

TAX ID: \_\_\_\_\_ OR  
 SUBDIVISION: \_\_\_\_\_ OR  
 SURVEY: \_\_\_\_\_ LOT #: \_\_\_\_\_ BLOCK #: \_\_\_\_\_

### APPLICANT INFORMATION

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE #: ( ) - FAX #: ( ) -  
 EMAIL: \_\_\_\_\_

### APPLICANT REPRESENTATIVE INFORMATION

NAME: \_\_\_\_\_

PHONE #: ( ) -  
 EMAIL: \_\_\_\_\_

If you have questions regarding the requirements on this application or process please contact a member of the Park City Planning Staff at (435) 615-5060 or visit us online at [www.parkcity.org](http://www.parkcity.org).

**SUBMITTAL REQUIREMENTS – All of the following items must be included in order for the Planning Department to take the application.**

1. Completed and signed application form.
  2. A written statement describing the reason for the request for modification or extension.
  3. Review fees - \$330.00
  4. One (1) copy of 24" x 36" , one (1) copy of 11"x17" drawing and one digital copy on CD (pdf format) of the following;
    - Originally approved plans
    - Plans outlined proposed modifications (if applicable)
  5. Current Title Report – with an issue date no longer than 30 days from the application submittal date.
  6. **Modifications, if any, to original approval may require additional information similar to required material or original approval. Assigned planner may require material based on current application requirements and will be based on changes in the Land Management Code and/or Historic District Guidelines.**
  7. An electronic Excel spreadsheet with property owner, Summit County Assessor Parcel Number, and mailing address for properties within 300 feet, measured from the property line.
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**ACKNOWLEDGEMENT OF RESPONSIBILITY**

This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am a party whom the City should contact regarding any matter pertaining to this application.

I have read and understood the instructions supplied by Park City for processing this application. The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until a Project Planner has reviewed the application and has notified me that it has been deemed complete.

I will keep myself informed of the deadlines for submission of material and the progress of this application. I understand that a staff report will be made available for my review three days prior to any public hearings or public meetings. This report will be on file and available at the Planning Department in the Marsac Building.

I further understand that additional fees may be charged for the City's review of the proposal. Any additional analysis required would be processed through the City's consultants with an estimate of time/expense provided prior to an authorization with the study.

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

Name of Applicant: \_\_\_\_\_

PRINTED

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

Type of Application: \_\_\_\_\_

**AFFIRMATION OF SUFFICIENT INTEREST**

I hereby affirm that I am the fee title owner of the below described property or that I have written authorization from the owner to pursue the described action. I further affirm that I am aware of the City policy that no application will be accepted nor work performed for properties that are tax delinquent.

Name of Owner: \_\_\_\_\_

PRINTED

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Street Address/ Legal Description of Subject Property: \_\_\_\_\_

\_\_\_\_\_

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

1. If you are not the fee owner attach a copy of your authorization to pursue this action provided by the fee owner.
2. If a corporation is fee titleholder, attach copy of the resolution of the Board of Directors authorizing the action.
3. If a joint venture or partnership is the fee owner, attach a copy of agreement authorizing this action on behalf of the joint venture or partnership
4. If a Home Owner's Association is the applicant than the representative/president must attaché a notarized letter stating they have notified the owners of the proposed application. A vote should be taken prior to the submittal and a statement of the outcome provided to the City along with the statement that the vote meets the requirements set forth in the CCRs.

Please note that this affirmation is not submitted in lieu of sufficient title evidence. You will be required to submit a title opinion, certificate of title, or title insurance policy showing your interest in the property prior to Final Action.

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