

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



ZONE CHANGE

For Office Use Only

PLANNING COMMISSION
HEARING DATE(S)

PROJECT PLANNER

CITY COUNCIL
HEARING DATE(S)

APPROVED _____

DENIED _____

APPLICATION # _____

DATE RECEIVED _____

ORDINANCE # _____

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.

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. Written statement describing the project that outlines the overall project intent and scope of work.
3. Review fees: \$1650.00 per application

For items 4 through 5 below, provide (1) 24"x36" set to scale, (1) 11"x17" set to scale, and one digital copy in PDF format.

4. Certified topographical boundary survey of the existing site prepared by a licensed surveyor at an approved scale with two foot contours which includes the following:
 - Survey must reflect current conditions
 - Existing grades referenced to USGS elevations
 - Existing utility locations
 - Existing vegetation; size and botanical name noted
 - Building footprint(s) of all existing structures and improvements on site
 - Drainage facilities
 - On and off-site circulation and parking
 - Existing physical encroachments on and off-site
 - All structures within 20' of the subject property; include structure height
6. Site plan identifying all surrounding uses within 300 feet.
- 7.
8. Current Title Report – dated within 30 days of submittal.
9. 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.

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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