



Community Development Department
P.O. Box 128
60 North Main Street
Coalville, Utah 84017
Phone: 435-615-3124
www.summitcounty.org

VILLAGE OVERLAY

Eastern Summit County

OFFICE USE ONLY

Project #: _____ Zoning: _____
Date Received: _____
Received By: _____

PROJECT INFORMATION

Project Description/Type of Use: _____
Total Project Area: _____ Acres _____ Square Feet
Building Footprint Sq. Ft.: _____ Building Gross Sq. Ft.: _____
Number of Units: _____
Name of Development: _____

APPLICANT INFORMATION (person to whom all correspondence should be sent)

Name: _____ Phone: _____
Address: _____
E-mail: _____
Applicant's Interest in Subject Property:
 Owner Contractor Architect Engineer Other: _____

PROPERTY INFORMATION

Tax I.D. for each parcel included in the application: _____

SUBMITTAL REQUIREMENTS – Certain submittal requirements may be waived by Staff depending on the circumstance of each application and whether or not certain items are necessary to understand the nature of the project.

- 1 copy of an ownership plat map and/or equivalent document that identifies all the parcels included within the Village Overlay study boundary.
- Written description of the proposal, including total acreage, proposed density, desired zone(s), proposed uses, existing or proposed infrastructure, to the extent known or contemplated.
- Acknowledgment by every property owner involved in the Village Overlay study boundary. (see Owner's Acknowledgement below)
- 1 electronic copy of the required materials in PDF format.
- ADDITIONAL INFORMATION MAY BE REQUIRED by the project planner to ensure adequate information is provided for staff analysis. All information required for staff analysis will be available for public review.**

Applicant Initials _____

OWNER'S ACKNOWLEDGEMENT

I hereby declare under penalty of perjury that this application form and all information submitted as part of this application form is true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application form be incorrect or untrue, I understand that Summit County may rescind any approval or sufficiency determination, or take other appropriate action.

Owner's Signature: _____ Date: _____

Print Name: _____

Owner's Signature: _____ Date: _____

Print Name: _____

Owner's Signature: _____ Date: _____

Print Name: _____

Owner's Signature: _____ Date: _____

Print Name: _____

Owner's Signature: _____ Date: _____

Print Name: _____

***Please submit additional sheets as necessary.**