



Community Development Department  
P.O. Box 128  
60 North Main Street  
Coalville, Utah 84017  
Phone: 435-615-3124  
Fax: 435-615-3046  
www.summitcounty.org

## DEVELOPMENT CODE AMENDMENT APPLICATION FORM

### Owner(s) of Record:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

### Authorized Representative to Whom All Correspondence is to be Sent:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

### Project Information:

Parcel #: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

Address: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Do you currently have constructions plans turned in for Building Permit review? YES (plan check #) \_\_\_\_\_ NO

### Project Description (acreage, building square footage, number of lots, etc.):

\_\_\_\_\_  
\_\_\_\_\_

### FOR OFFICE USE ONLY

\$2,000.00

*Snyderville Basin*

*Eastern Summit County*

RECEIPT #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

**OWNER(S) ACKNOWLEDGEMENT**

All application fees must be paid at time of application submittal. No application will be processed until all application fees are paid. Notification and publication fees for required public hearing notices (individual notices mailed to property owners - \$2.00 per notice; 14 day publication of legal notice in local newspaper - cost of notice) will be billed to applicant at the time a hearing is scheduled. Notification fees must be paid within 10 days of billing.

**PLEASE NOTE REGARDING FEES**; the payment of fees and /or the acceptance of such fees by County Staff does not constitute any sort of approvals, vesting, or signify that the application is complete or appropriate in any manner. The collection of fees is simply a requirement to begin the review process that will ultimately make such determinations.

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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: \_\_\_\_\_