

City of Taylorsville

Community Development Department
2600 West Taylorsville Boulevard
Taylorsville, Utah 84129

Phone: (801) 963-5400 Fax: (801) 955-2052
www.taylorsvilleut.gov



ZONING AMENDMENT APPLICATION

PLEASE COMPLETE BOTH SIDES OF APPLICATION

Type of Application: Map Amendment
 Text Amendment

Subject Property Address: _____

Parcel Area: _____ Current Use: _____

Parcel Identification (or Sidwell) Number: _____

Applicant Name: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone #: _____

E-mail: _____

Business Name (if applicable): _____

Property Owner's Name (if different): _____

Property Owner's Address: _____

City, State, Zip: _____

Daytime Phone #: _____ Email: _____

Describe your request in detail (use additional paper if necessary): _____

Authorized Signature: _____ Date: _____

No fee waiver, modification, or refund shall be granted unless approved by the Taylorsville City Council based on the provisions of section 3.16.080 of Taylorsville City Code.

Office Use Only

PLANNER: _____

COMPLETE APPLICATION?: Y N

FILING #: _____

ENERGOV #: _____

FILING FEE: _____

DATE ACCEPTED: _____

ACCEPTED BY: _____

RECEIPT NUMBER: _____

GP MAP CLASSIFICATION: _____

MEETING DATES:

PC: _____

CC: _____

Application approved: Y N

Date: _____

FOR YOUR INFORMATION...

For more information regarding General Plan amendments and application procedures, please refer to Taylorsville Information Form **P-9 Applying for a Zoning Amendment** available from the Community Development Department at Taylorsville City Hall or online at www.taylorsvilleut.gov.

Property Owner's Affidavit

I (we) _____, being first duly sworn, depose and say that I (we) am (are) the current owner of the property involved in this application: that I (we) have read the application and attached plans and other exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my (our) personal knowledge.

Owner's Signature

Owner's Signature (co-owner if any)

State of Utah / County or Salt Lake

On _____ day of _____, 20_____, _____ personally appeared before me, to be the signer(s) of the above *Property Owner's Affidavit* and acknowledged that he/she signed it.

Notary Public

Residing in: _____

My commission expires: _____

Agent Authorization

I (we), _____, the owner(s) of the real property located at _____ in the City of Taylorsville, Utah, do hereby appoint _____ as my (our) agent to represent me (us) with regard to this application affecting the above described real property, and authorize _____ to appear on my (our) behalf before any City Board or Commission considering this application.

Owner's Signature

Owner's Signature (co-owner if any)

State of Utah / County of Salt Lake

On _____ day of _____, 20_____, _____ personally appeared before me, to be the signer(s) of the above *Agent Authorization* and acknowledged that he/she signed it.

Notary Public

Residing in: _____

My Commission Expires: _____