



CITY OF NORTH SALT LAKE
COMMUNITY & ECONOMIC DEVELOPMENT

10 East Center Street, North Salt Lake, Utah 84054
(801) 335-8700
(801) 335-8719 Fax

REZONE/GENERAL PLAN MAP AMENDMENT
APPLICATION

For Office Use Only

Application #: _____	Fee: _____
Date Received: _____	Paid: _____
Pre-Application Date: _____	Parcel ID: _____
Project Planner: _____	Linked File(s): _____
Current Zone: _____	Proposed Zone: _____
General Plan Designation: _____	Proposed General Plan Designation: _____
Proposed Use: _____	
Planning Commission Date: _____	Approved: _____ Denied: _____
City Council Date: _____	Approved: _____ Denied: _____

Project Name: _____

Address: _____

Applicant Name: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

Representative Name: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

*If you have any questions about this application, please contact the
Community Development Department at (801)335-8700.*

(Revised 12.08.2015)

ADDITIONAL INFORMATION

(attach addition sheets if needed)

1. Please explain the proposed modification:

2. Please explain how the proposed change is in accord with the General Plan, goals and policies of the city.

3. Please explain how changed or changing conditions make the proposed amendment reasonably necessary to carry out the purposes of the NSL Code.

4. Identify any impacts and/or conflicts with other codes or the General Plan, along with proposed impact mitigation. Demonstrate how the amendment will conform to the General Plan.

Notice to All Applicants

Application Deadline: Minimum 3 weeks prior to desired Planning Commission Meeting

Meeting this deadline does not guarantee placement on the Planning Commission agenda, which will be determined by completeness of application, conformance to required standards, and staff work load. Every effort will be made to process applications in a timely manner.

APPLICATION REQUIREMENTS

- Complete and signed application form
- A non-refundable rezoning fee
- Legal Description of the property
- Description of the change desired and the reasons therefore (including names of all owners of the subject property)
- Vicinity Plan & Location Map, drawn to scale
 - Zoning districts;
 - Adjacent property owners names
 - North arrow
 - Topographic contours
- Stamped, addressed envelopes (*return address blank and include list*)
 - Property owners within 300 feet of boundary
 - All “affected entities”

***Prior to the filing of a P District rezoning application,
a General Development Plan must be filed and approved by the City Council***

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 North Salt Lake 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 Community Development Department.

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: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

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: _____

Mailing Address: _____

Street Address and/or Attach 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 then the representative/president must attach 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.