



ZONE MAP/FUTURE LAND USE MAP AMENDMENT APPLICATION

NOTE: Please Read Chapter 4 of the Land Use Management Code as well as any other pertinent sections of the Code/General Plan/Area Plan in detail before submitting any type of Code Amendment Application. The applicant should realize that a typical time frame for a Zoning Ordinance Amendment may be lengthy, depending upon the complexity and issues.

PARCEL to be amended (attach legal description):					
Name of Owner(s):				<i>Date of Submission:</i>	
<i>Owner(s) Address:</i>			<i>Owner(s) Mailing Address (if different):</i>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>Phone:</i>			<i>Email:</i>		
Name of Applicant or Authorized Agent:					
<i>Agent Address:</i>			<i>Agent Mailing Address (if different):</i>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>Phone:</i>			<i>Email:</i>		
Owner(s): Signature of Authorization to file:				<i>Date of Submission:</i>	
Describe proposed MAP amendment:					
Describe how this change will affect the general character of the zone:					
Any additional information that may be useful:					
Pre-Application Conference Date (if applicable or necessary):					

****Attach to this application any other information regarding the proposed use of the property which will be useful to the Planning Commission and County Council. ****

_____ Fees paid in full as per current fee resolution.

_____ Addressed and Stamped envelopes of property owners within 1000 feet of the boundary of the property to be rezoned.

_____ Property Owner's address list within 1000 feet of the boundary of the property to be rezoned.

APPLICANT CERTIFICATION:

I certify under penalty of perjury that this application and all information submitted as part of this application is true, complete and accurate to the best of my knowledge. I also acknowledge that I have reviewed the County Land Use Management Code(s) and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. I agree also to comply with any and all applicable codes in effect at this time. Should any of the information or representation submitted in connection with this application be incorrect or untrue, I understand that Morgan County may rescind any approval, or take any other legal or appropriate action. I also agree to allow the Planning Commission, County Council or appointed agent(s) of the County to enter the subject property, if applicable, to make any necessary inspections thereof.

Signature: _____ Date: _____

Approvals:

<i>Planning Commission Approval Date:</i>
<i>Council Approval Date:</i>

<i>For Office Use Only</i>		
Received By:	Date Received:	File #:
Application Date:	Hearing Date:	Fee Paid: \$ /Receipt #:
Approved Date:	Denial Date (if applicable):	

****Note: Rezoning requests denied may not be heard by the County for a period of two (2) years from the date of denial. New application and fee required.**

AFFIDAVIT

PROPERTY OWNER

STATE OF UTAH }
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COUNTY OF MORGAN }

I (we), _____, being duly sworn, depose and say that I (we) am (are) the owner(s) of the property identified in the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge. I also acknowledge that I (we) have received written instructions regarding the process for which I (we) am (are) applying and the Morgan County Planning and Development Services Staff have indicated they are available to assist me in making this application.

(Property Owner)

(Property Owner)

Subscribed and sworn to me this _____ day of _____, 20__.

(Notary)
Residing in Morgan County, Utah

My commission expires: _____

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AGENT AUTHORIZATION

I (we), _____, the owner(s) of the real property described in the attached application, do authorized as my (our) agent(s), _____, to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the County considering this application and to act in all respects as our agent in matters pertaining to the attached application.

(Property Owner)

(Property Owner)

Dated this _____ day of _____, 20__, personally appeared before me _____, the signer(s) of the agent authorization who duly acknowledged to me that they executed the same.

(Notary)
Residing in Morgan County, Utah

My commission expires: _____