PARK CITY MUNICIPAL CORPORATION
PLANNING DEPARTMENT
445 MARSAC AVE ° PO BOX 1480
PARK CITY, UT 84060
(435) 615-5060

ZONE CHANGE

For Office Use Only

PLANNING COMMISSION
CITY COUNCIL
HEARING DATE(S) HEARING DATE(S) APPLICATION #

APPROVED

DENIED

DATE RECEIVED
ORDINANCE #

PROJECT PLANNER
EXPIRATION

PROJECT INFORMATION

NAME: ____________________________________________

ADDRESS: ____________________________________________

TAX ID: ____________________________________________ OR
SUBDIVISION: ____________________________________________ OR
SURVEY: ____________________________________________ LOT #: __________ BLOCK #: __________

APPLICANT INFORMATION

NAME: ____________________________________________

MAILING ADDRESS: ____________________________________________

PHONE #: (____ ) _______ FAX #: (____ ) _______

EMAIL: ____________________________________________

APPLICANT REPRESENTATIVE INFORMATION

NAME: ____________________________________________

PHONE #: (____ ) _______

EMAIL: ____________________________________________

If you have questions regarding the requirements on this application or process please contact a member of the Park City Planning Staff at (435) 615-5060 or visit us online at www.parkcity.org.
SUBMITTAL REQUIREMENTS – All of the following items must be included in order for the Planning Department to take the application.

1. Completed and signed application form.

2. Provide a written statement describing the project that outlines the overall project intent and scope of work. Descriptions shall also indicate the project’s compliance with the Lot Line Adjustment Criteria as described in the Land Management Code (15-7.1-6 (E)).

3. Review fees: $1650.00 per application

4. Certified topographical boundary survey (24” by 36”) of the existing site prepared by a licensed surveyor at an approved scale with two foot contours which includes the following:
   - Survey must reflect current conditions
   - existing grades referenced to USGS elevations
   - existing utility locations
   - existing vegetation; size and botanical name noted
   - building footprint(s) of all existing structures and improvements on site
   - drainage facilities
   - on and off-site circulation and parking
   - existing physical encroachments on and off-site
   - all structures within 20’ of the subject property; include structure height

5. Site plan identifying all surrounding uses within 300 feet.

6. One (1) set of reduced (11” by 17”) copies of the survey and site plan.


8. List of property owners, names, and addresses within 300 feet. The distance is measured from the property line, not the location of the request. Please provide the Summit County Assessor’s Parcel Number for each property if possible.

9. Stamped, addressed #10 size business envelopes for property owners written within 300 feet.
   - Envelopes (example given below of proper addressing) with mailing labels and stamps affixed. **Please do not use self-adhesive style envelopes, do not include a return address, and do not use metered postage.**
   - Stamps must be USPS Forever.

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PROJECT DESCRIPTION

1. On a separate sheet of paper, give a general description of the proposal and attach it to the application (See Submittal Requirement #2).

2. Existing Zoning: __________________________________________________________
   Proposed Zoning: __________________________________________________________

3. Is the project within the Sensitive Lands Overlay?
   Yes     No

4. Current use of the property: ________________________________________________

5. Project originally approved as: (check one)
   Permitted Use   Conditional Use   Master Planned Development
   Other ___________   Date of prior approval _____________

6. Year constructed: ________

7. Total Project Area: _______ acres    ______ square feet

8. Number and configuration of residential units:
   ____________ required    ____________ proposed

9. Commercial area:
   ____________ Gross floor area    ____________ Net leasable area

10. Number of parking spaces:
    ____________ required    ____________ proposed

11. Project access via:
    Public Road    Private Road    Private Driveway

12. Occupancy type: Owner Occupied    Lease    Nightly Rental

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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 Park 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 Planning Department in the Marsac Building.

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: ____________________
Email: ____________________
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/ 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 than 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.

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