Amendment Application

Name of Applicant:				_ Date:		
Address:		City, State, Zip:				
Telephone:		Email:				
Description of Request:			· · · · · · · · · · · · · · · · · · ·			
				 		
17.08.150 Amendments. The ordinance time by the City Council after ten days' Commission. All proposed amendment submitted to the Planning Commission consideration within thirty days. Submisprior to the next regularly scheduled mowithin the prescribed time shall be deen the City Council may overrule the Plar Zoning changes initiated by residents in seventy-five percent of the property ow information as to why the resident(s) will identify the differences between the curdifferences between permitted uses, per rezone shall first pay a nonrefundable fidecisions.	notice and p is shall first b for its recomesions to eace eetings. Failumed approvaning Comming the area provers in the arant(s) to charrent code or ermitted acceptiling fee to H	public hearing. A public recommended by mendation which shoth of these agencies are of the Planning Cal by such commissions recommendations for rezoning area proposed for change the zoning ordinations and coressory uses, and configured City. Rezoning	lic hearing the Plan is all be reasonable shall be commission of the ations by must be ange. Sanance or issed codinditional grapplica	ng must be held be ining Commission beturned to the City a made a minimum sion to submit its reproposed change of a majority vote of a supported by a paid petition shall in the zoning map are or zone, especial uses. Residents a tions are discretion	y the Planning or shall be Council for its of three weeks ecommendation or amendment. If its members, estition signed by aclude and clearly fally the applying for a mary legislative	
Applicant Certification: I certify under part of this application is true, complete or representations submitted in connect may rescind any approval or take any capplicable sections of the Hyrum City Cand minimum requirements only and the or uses. I also agree to allow appointed inspections thereof.	e and accura tion with this other legal or Code and tha nat other requ	ate to the best of my application be incorn appropriate action. I at items and/or check uirements may be im	knowled rect or un also ack dists cor posed th	dge. Should any c ntrue, I understand knowledge that I h ntained in this app nat are unique to in	of the information d that Hyrum City ave reviewed the lication are basic ndividual projects	
Applicant Signature:				_ Date:		
FOR OFFICE USE ONLY		Fee	Deposit	Due	Total	
Amendment filing fee		\$200	\$500	Upon Submission	\$700	
Receipt Number:		Date:		Submission Fee	\$	

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