



**BOUNTIFUL CITY**  
**PLANNING DEPARTMENT**  
**795 SOUTH MAIN STREET**  
**BOUNTIFUL, UT 84010**  
**801.298.6190**  
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# LAND USE CODE TEXT AMENDMENT APPLICATION

***FOR OFFICE USE ONLY:***

PLANNING COMMISSION ACTION & DATE:	CITY COUNCIL ACTION & DATE:	DATE RECEIVED:
PROJECT PLANNER:	ORDINANCE NUMBER:	

## PROJECT INFORMATION

AFFECTED CODE SECTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT INFORMATION

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

IF YOU HAVE QUESTIONS REGARDING THE REQUIREMENTS ON THIS APPLICATION OR PROCESS, PLEASE CONTACT THE BOUNTIFUL CITY PLANNING STAFF.

### **SUBMITTAL REQUIREMENTS**

The following items must be included in order for the Planning Department to take the application, including scheduling the public hearings:

1. Completed and signed application form.
2. Review fees: \$2,000 per application.
3. Typed detailed copy of proposed Land Use Code Amendment for specific sections showing existing and proposed changes side-by-side or in edit form / track change mode.
4. Typed copy of any relevant research and analysis including but not limited to, studies, reports, articles, maps, plans, renderings, showing justifications for the amendment.

## **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 Land Use Code 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 (3) days prior to any public hearings or public meetings.

Signature of Applicant: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_