



ROOSEVELT CITY CORPORATION
 255 South State Street
 Roosevelt, UT 84066
 (435) 722-5001
 FAX: 435-722-5000

**All applications must be submitted 14 days prior to a Planning & Zoning meeting
 Plans and plats must be approved no later than Friday prior to the scheduled meeting**

PLANNING AND ZONING APPLICATION

TYPE OF REQUEST AND FEES: (Check one)

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| <ul style="list-style-type: none"> <input type="checkbox"/> Lot line adjustment/Property boundary adjustment – 75.00 <input type="checkbox"/> Master site plan – 150.00 Over 1 acre 75.00 per acre <input type="checkbox"/> Conditional Use Permit Fee: 200.00 is required before Home Occupation Permit can be applied for and approved <input type="checkbox"/> Zoning map amendment (rezone) – 250.00 <input type="checkbox"/> Application for reimbursement of public improvements - 100.00 <input type="checkbox"/> Hearing office appeal - 150.00 <input type="checkbox"/> Hearing Officer Variance request – 150.00 <input type="checkbox"/> Infrastructure reimbursement agreement – 100.00 <input type="checkbox"/> Manufactured home park – 250.00 plus per home pad – 10.00 <input type="checkbox"/> Ordinance/general plan amendment - 200.00 | <ul style="list-style-type: none"> <input type="checkbox"/> Planned Residential Unit Development (PRUD) – 250.00
Plus per dwelling unit – 10.00 <input type="checkbox"/> Subdivision preliminary plat – 250.00 <input type="checkbox"/> Subdivision, minor – 250.00 <input type="checkbox"/> Subdivision vacation/amendment – 200.00 <input type="checkbox"/> Time Extension – 100.00 <input type="checkbox"/> Subdivision final plat – 150.00
Plus per lot – 25.00
Signed plat must be sent electronically to the Building & Zoning Director, deschler@rooseveltcity.com no later than Friday prior to the meeting <input type="checkbox"/> Petition to Vacate Public Right of Way – 200.00 |
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DETAILS OF REQUEST (include how property is affected and attach maps and drawings) Attach additional pages as needed.

INFORMATION:

Date application submitted: _____ Contact #: _____
 Owner or Representatives Name: _____ Email: _____
 Mailing Address: _____ City: _____ State : _____ Zip: _____
 Project Name: _____
 Tax I.D. Number on property: _____ Zoning of Subject Property: _____
 Property Location: _____
 Nature of Request: _____
 Current Land Use: Vacant Residential Commercial Professional

PROPERTY OWNER(S) NAME: _____

(If not the same as applicant) (Current Title Holder as shown on County Records)
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Contact #: _____ Email: _____
 SIGNATURE: _____ Dated: _____

OFFICE USE ONLY:

Zoning Director: _____ Planning Director: _____ Fee Paid: _____ Date Paid: _____
 Dated: _____ Hearing Date: _____

Comments:
