



CLEARFIELD CITY ZONING MAP OR LAND USE ORDINANCE AMENDMENT APPLICATION CHECKLIST

Community Development Department 55 S. State St. (801) 525-2780

PROJECT NAME: _____ **DATE:** _____

APPLICANT: _____

REQUIRED INFORMATION:

	YES	NO
Does the proposed amendment conform to the General Plan? <i>(If "NO," the application cannot be processed.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does the proposed amendment require a change to the Zoning Map?	<input type="checkbox"/>	<input type="checkbox"/>
Does the proposed amendment require a change to the Land Use Ordinance (text)?	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION OF PROPOSED MAP OR TEXT AMENDMENT: _____

If the amendment requires a text change, please indicate the sections to be changed and attach additional sheets with the proposed language.

AFFECTED PROPERTIES:

Please provide a list with the parcel ID number and the name and address of property owners for all properties within 300 feet of the subject property for the public notices.

REQUIRED SUBMITTAL MATERIALS:

This checklist is intended to assist the Applicant in the preparation and submittal of a complete application. It is not all-inclusive, and additional information may be required depending on the nature of the application.

Please submit the following items and check the corresponding box to indicate they have been included with this application. If you have questions regarding any of these materials or how to obtain them, please contact Community Development at (801) 525-2780.

	YES	NO	COMMENTS:
List of names and addresses for public notices	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stamped, addressed envelopes for public notices	<input type="checkbox"/>	<input type="checkbox"/>	_____
Application Fee	<input type="checkbox"/>	<input type="checkbox"/>	_____