



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

**All applications must be submitted 10 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)

<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	<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, djohnson@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:
