



## ORDINANCE AMENDMENT APPLICATION

(ZONING CODE AND ZONING MAP)

### CHECKLIST PRIOR TO SUBMITTAL

1. Complete Application & Affidavit (REQUIRED)
2. Nonrefundable Fees – This includes \$2/postcard for Public Notices, which are mailed out to all adjacent property owners within 600 feet (REQUIRED)
3. Applicant Letter – Written to Community Development describing proposed project. All applications must be project specific.
4. Other Items as requested by staff

SUBMIT VIA EMAIL OR IN-PERSON –

[planning@sslc.gov](mailto:planning@sslc.gov)

**\*\* ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED \*\***

*It is the applicant's responsibility to provide a complete application and obtain all applicable city, county, or state code approval requirements. All application fees are nonrefundable. Submitting an application in no way guarantees placement on any specific agenda.*

*Applicants are responsible for addressing and correcting any inaccurate or incomplete application documentation. Inactive applications automatically void after 180 days. All voided applications require submittal of a new application, including payment of all costs and fees.*



## COMMUNITY DEVELOPMENT DEPARTMENT

220 East Morris Avenue, Suite 150

South Salt Lake City, Utah 84115

[www.sslc.gov](http://www.sslc.gov)

# ORDINANCE AMENDMENT APPLICATION

Name of Project: \_\_\_\_\_

Applicant: \_\_\_\_\_

Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property ID#(s): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Current Land Use Designation: \_\_\_\_\_

Telephone: \_\_\_\_\_

Current Ordinance allows: \_\_\_\_\_

\_\_\_\_\_

Amendment request to allow: \_\_\_\_\_

\_\_\_\_\_

Please state the reason for the amendment request: \_\_\_\_\_

\_\_\_\_\_

## 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 the party with whom the City should communicate regarding any matter pertaining to 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 all application requirements have been met, including the payment of any applicable fees, deposits, and/or bonds.

I further understand that additional fees may be charged for the City's review of the proposal if the City requires the services of outside consultants in its review. A deposit into an out-of-pocket with the City may be required to cover such costs, depending on the scope of the application. An accounting of costs will be made available to the applicant upon request if the City draws upon the out-of-pocket account to reimburse its outside consultant expenses associated with a particular application. The applicant may also be required to refresh its out-of-pocket account if initial deposits are insufficient to facilitate the full extent of required review. Any unused portion of the applicant's out-of-pocket deposits will be refunded to the applicant upon final disposition of the application.

SIGNATURE OF APPLICANT: \_\_\_\_\_

NAME OF APPLICANT (PRINTED): \_\_\_\_\_

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

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## -----FOR CITY USE ONLY-----

Fee Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

## PROPERTY OWNER'S AFFIDAVIT for property located at

Address: \_\_\_\_\_

Project Name / Business Name: \_\_\_\_\_

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### PROPERTY OWNER

I/we \_\_\_\_\_, being duly sworn, depose and say that I/we am/are the current owner(s) of the property identified in this application and that I/we have read the application and attached exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature (co-owner if applicable)

On the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, personally appeared before me \_\_\_\_\_ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

\_\_\_\_\_  
Notary Public  
Residing in Salt Lake County, Utah  
My Commission expires: \_\_\_\_\_

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### AGENT AUTHORIZATION

I/we, \_\_\_\_\_, the owner(s) of the real property described above, do hereby appoint my/our agent \_\_\_\_\_ to represent me/us with regard to this application affecting the above described real property located in the City of South Salt Lake, and to appear on my/our behalf before any City Board or Commission considering this application.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature (co-owner if applicable)

On the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, personally appeared before me \_\_\_\_\_ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

\_\_\_\_\_  
Notary Public  
Residing in Salt Lake County, Utah  
My Commission expires: \_\_\_\_\_