



PROVIDENCE CITY Rezone of Property Information Form

FOR OFFICE USE ONLY	
Date	_____
Payment Form	_____
Amount	_____
Receipt #	_____
Clerk	_____

Date _____

Please Note:

City Staff will NOT accept the application and fee payment if they are incomplete. Incomplete applications will NOT be processed or scheduled for review by the City.

Application fees do not include professional firm fees, which will be billed separately.

Initial _____

A COMPLETE APPLICATION INCLUDES THE FOLLOWING:

Submittal Requirements	Staff Check
\$1,000 application fee	
Completed, signed and initialed Rezone of Property Information Form	
Current Cache County Plat Map and a copy of the official recorded final plat that includes any notes.	
Copy of Cache County GIS Parcel Summary http://66.232.67.238/Websites/Parcel%20and%20Zoning%20Viewer/	
Names/addresses of affected entities, as defined by UCA 10-9a-103	
Names and mailing addresses for the adjacent property owners. Providence City Code defines "adjacent property owners" as the record owner of real property that shares a common boundary with the applicant's property or is separated by a public right-of-way, canal, stream, etc.	
Property owner's consent for the rezone to be pursued ¹	
Map showing the area(s) proposed for rezone, including the general location of all non-developable sensitive areas, all potentially developable sensitive areas, existing infrastructure (including but not limited to: roads, water mains, sewer mains, storm water facilities, parks, etc.), and any proposed infrastructure shown in the City's general plan and associated maps.	
Combined legal description of the area(s) proposed for rezone	
A written statement of the purpose for the rezone request	
If filing in person, provide electronic copy of ALL submittals (email or flash drive is acceptable)	
If filing online, please submit physical copies of the complete application to the city office, 164 N Gateway Dr.	

Applicant Information (all information MUST be provided)

Name _____

Address _____

Phone _____ Email _____

Party Responsible for Payment (if different than applicant) – the individual/firm to whom any and all professional services invoices (attorney/engineer/etc.) will be sent and who will be responsible for payment of such invoices.

Name _____

Address _____

Phone _____ Email _____

¹ Not required if owner of record is the same as the applicant. If more than one parcel is proposed for rezone, the application must include written consent from the owners of ALL parcels proposed for rezone.

Property Information (Information must be provided for ALL parcels requesting rezoning. Attach additional sheets if necessary)

Parcel 1

Owner of record _____
Owner address _____
Owner phone _____ Owner email _____
Parcel address _____
Parcel Tax I.D. _____
Current zoning _____ Requested zoning _____

Parcel 2

Owner of record _____
Owner address _____
Owner phone _____ Owner email _____
Parcel address _____
Parcel Tax I.D. _____
Current zoning _____ Requested zoning _____

Written Statement of Request (attach additional sheets if necessary)

Approval by the city of any application submittal or paperwork does not alleviate the owners from their responsibility to understand and conform to local, state and federal laws. Providence City's approval is not intended to and cannot be construed to allow any laws to be violated. **Initial** _____

By signing this document, you agree that Providence City will bill you for any and all professional firm fees as they arise throughout the approval process. This is in addition to application fees. All subdivisions require engineering review throughout the approval process, such as but not limited to reviews of development agreements, construction drawings, preliminary and final plats, and inspections. These services are billed by our city engineer at an hourly rate. Some subdivision applications may also require legal review. Other applications, such as but not limited to conditional uses, may also require engineering and/or legal review at the City's discretion. You agree to reimburse the City for all such costs, whether or not you were forewarned about such costs, and that the City cannot predict all situations in which professional services may be required in order to process your application. Initial _____

I declare under penalty of perjury that I am making this application of my own free will and choice and that the statements, answers, and documents submitted in connection with this application are true and correct to the best of my knowledge.

Signature of Applicant

Printed Name

Date