

ZONING ORDINANCE AMENDMENT APPLICATION TEXT AMENDMENT

(This box for office use only)

Date proposal received:

Fee collected: \$

Proposal Determined to be Complete:

CASE NUMBER

PETITIONER INFORMATION

Name	Phone
Address	Other Phone
	Fax
City, State, Zip	e-mail

(Additional names and addresses should be listed on a separate paper and attached)

PURPOSE FOR AMENDMENT

Title	Chapter	Section
Description of Proposed Text Change:		

Upon compliance with certain procedures as set forth in Title 10 Chapter 3 Section 4 of the Millard County Code requires a recommendation by the Millard County Planning Commission, and is subject to approval by the Millard County Board of Commissioners. The following checklist, when completed, will assist the petitioner with compiling some of the necessary information required for processing the petition through Planning Commission and the Board of County Commissioners. Partial completion or total omission of any requirement listed below may cause the application to be rejected or delayed.

√	SUBMITTAL REQUIREMENTS	
	Application √	One original which must contain an original signature of the owner/applicant.
	Fees	A non-refundable administrative fee in the amount of \$300.00 plus \$1.80 per word for publication of the required public hearing notices. There will also be an additional fee for cost of publication of ordinance upon passage.
	Purpose	State the purpose of the requested zoning ordinance amendment and how the request complies with the criteria stated above required for approving an amendment to the Millard County Zoning Ordinances
	Ordinance	State the existing ordinance including the Title, Chapter, Section and exact language of the current ordinance that this application is requesting an amendment to.
	Proposed Amendment	State the exact proposed language change(s) and format that this application is requesting.
	The Project	On a separate attached sheet of paper, please describe the proposed changes to the text of the Millard County Ordinance in detail. Describe how the proposed change will be in harmony with the General Plan of the County, and how the change will be in the best interest of the County. Attach additional pages as needed. Specifically address how the project meets the following requirements: a. Correct an obvious error or oversight in this title or the official zoning map. b. Be consistent with county development and land use objectives as stated in the County <i>General Plan</i> in its current and amended forms. c. Recognize the changing conditions in the County, which require that amendments be adopted for the promotion of the public health, safety and general welfare.
	Other Information	Provide any other information that you feel would be helpful to the Planning Commission in their consideration of this application.
	Signatures	Obtain the acknowledgement signatures of the following agencies in the space provided: Millard County Sheriff; Millard County Road Department Central Utah Regional Board of Health; Millard County Fire District; Millard County Building Department

SIGNATURES REQUIRED FOR TEXT AMENDMENT APPLICATION

For _____, located at: _____
Name of Applicant County address or brief description

Millard County Sheriff's Office

Review comments:

Signature: _____ Date: _____

Steve O'Camb, Sheriff

765 S Hwy 99, Fillmore, UT 84631 | 435-743-5302 | ocamb@millardcounty.gov

Road Department or UDOT

Review comments:

Signature: _____ Date: _____

Brandon Winget, Road Supervisor | Matt Rhodes, UDOT Right of Way Control Coordinator

County: 435-864-8401 | millardcountyroad@millardcounty.gov

UDOT: 1470 North Airport Rd, Cedar City, UT 84721 | (435) 865-5500 office | (435) 590-8897 cell | mrhodes@utah.gov

Central Utah Health Department

Review comments:

Signature: _____ Date: _____

David Heaton, Environmental Health Scientist

160 North Main Street, Nephi, UT 84648 | 435-623-0696 | dheaton@centralutahhealth.org

Millard County Fire Warden

Review comments:

Signature: _____ Date: _____

Copeland Anderson, Acting Fire Warden

(435) 406-4193 | copelandanderson@utah.gov

Millard County Building Department

Review comments:

Signature: _____ Date: _____

Adam Richins, Building Official

71 S 200 W, PO Box 854, Delta, UT 84624 | 435-864-1400 | arichins@co.millard.ut.us

AUTHORIZATION SIGNATURES

ONLY THE OWNER OF THE PROPERTY OR AN AUTHORIZED AGENT MAY FILE AN APPLICATION

I, the Owner/Agent agree to indemnify and hold harmless Millard County and its agents, officers and employees from any claim, action or proceeding against the Owner/Agent's project.

I certify, under penalty of perjury, that I am (check one):

- ☐ Legal property owner includes partner, trustee, grantor, or corporate officer) of the property(s) involved in this application, and that the foregoing application statements are true and correct
- ☐ Legal agent (attach proof of the owner's consent to the application of the property(s) involved in this application and have been authorized to file on their behalf, and that the foregoing application statements are true and correct.

Print Name _____	Signature _____	Date: _____
Print Name _____	Signature _____	Date: _____
Print Name _____	Signature _____	Date: _____
Print Name _____	Signature _____	Date: _____

If signatory is not the owner of record, the attached "Owner/Agent Agreement" must be signed and notarized.

Record of Actions (to be completed by Millard County Planning Department)

Millard County Planning Department Office Use Only

Planning Commission Recommendation

☐ Favorable Recommendation ☐ Unfavorable Recommendation Date of Action _____

Board of County Commissioners Action

☐ Approved ☐ Denied Date of Action _____

Figure 1
LAND USE APPLICATION INITIATION

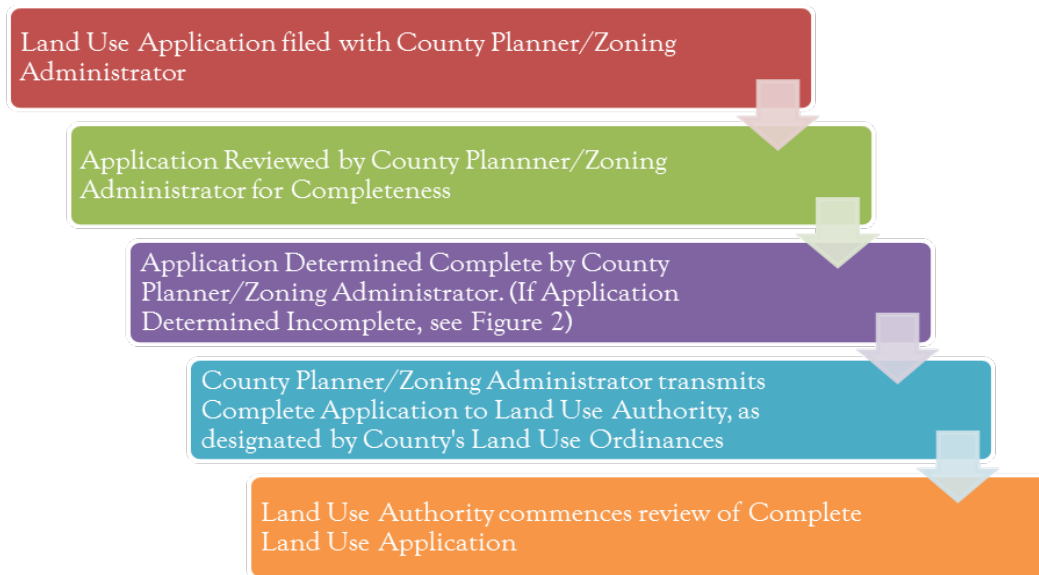


Figure 2
PROCEDURES FOR DETERMINATION OF LAND USE APPLICATION COMPLETENESS BY COUNTY PLANNER/ZONING ADMINISTRATOR

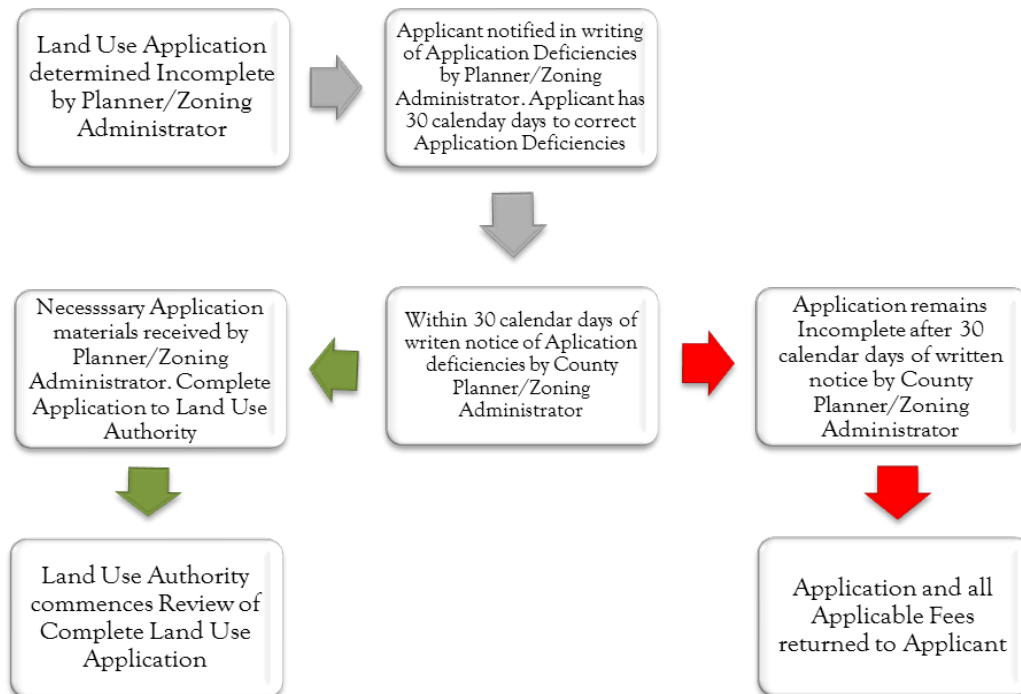


Figure 9
LAND USE ORDINANCE AMENDMENT APPLICATIONS

