



# Standard Application Form

## Land Use

447 East Main, Vernal, Utah 84078  
www.vernalcity.org

Phone (435) 789-2255  
FAX (435) 789-2256

COMPLETE APPLICATIONS MUST BE SUBMITTED 30 DAYS PRIOR TO THE PLANNING & ZONING  
COMMISSION MEETING (2<sup>nd</sup> THURSDAY OF THE MONTH)

Fill out completely including signatures. Include the appropriate supplemental form(s).

| TYPE OF REQUEST   |   |
|---|---|
| <input type="checkbox"/> Subdivision (minor)            | <input type="checkbox"/> Ordinance Amendment                                |
| <input type="checkbox"/> Subdivision (concept plan)     | <input type="checkbox"/> Annexation   |
| <input type="checkbox"/> Subdivision (preliminary plat) | <input type="checkbox"/> Zoning Map Amendment                               |
| <input type="checkbox"/> Subdivision (final plat)       | <input type="checkbox"/> Lot Line Adjustment / Property Boundary Adjustment |
| <input type="checkbox"/> Subdivision (amendment)        | <input type="checkbox"/> Appeal to Board of Adjustment                      |
| <input type="checkbox"/> Time Extension                 | <input type="checkbox"/> Variance   |
| <input type="checkbox"/> Conditional Use Permit         | <input type="checkbox"/> Master Site Plan                                   |

| SITE INFORMATION         |                  |                         |
|--------------------------|------------------|-------------------------|
| Address:                 |                  |                         |
| County Parcel Number(s): |                  |                         |
| Acreage:                 | Current Zone(s): | New Zone (rezone only): |

| APPLICANT   |                |
|---|----------------|
| Name:   |                |
| Address:  | Daytime Phone: |
|   | Evening Phone: |
| FAX:  | email:         |
| I certify that this information, including any attachments, is correct to the best of my knowledge. |                |
| Signature:  | Date:          |

| OWNER (for multiple owners, use Multiple Owner supplementary form 302b)  |                |
|--|----------------|
| Name:  |                |
| Address:   | Daytime Phone: |
|  | Evening Phone: |
| FAX:   | email:         |
| I consent to this application and to allow Vernal City staff to enter the property for related site inspections. |                |
| Signature:   | Date:          |

**FOR OFFICE USE ONLY**

Application Number \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Required Fee \_\_\_\_\_ Paid  Cross Reference \_\_\_\_\_