



# Standard Application Form

## Land Use

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

Phone (435) 789-2271  
FAX (435) 789-2256

**COMPLETE APPLICATIONS MUST BE SUBMITTED 30 DAYS PRIOR TO THE PLANNING & ZONING COMMISSION MEETING (2<sup>nd</sup> TUESDAY 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 \_\_\_\_\_