



ACCESSORY APARTMENT

(801) 789-6617 • 1650 E STAGECOACH RUN, EAGLE MOUNTAIN, UT 84005 • WWW.EAGLEMOUNTAINCITY.COM

PROPERTY INFORMATION	UPDATED: 4/2016
Property Address: _____ Parcel ID # _____	
Zone: _____ Size of the residence (sq ft): _____	
Size of the area used for the Accessory Apartment (sq ft): _____	
CONTACT INFORMATION	
Property Owner: _____	
Address: _____	
Phone: _____ Cell: _____ Fax: _____	
E-mail: _____	

****IMPORTANT:** Incomplete applications will not be accepted. In order for an application to be deemed complete, all required materials must be submitted with the application, regardless of whether they have been previously submitted to Eagle Mountain City. If any required materials are not applicable to your submittal, you must submit a letter for each required item stating the reason why it is not applicable to your application.**

SUBMITTAL REQUIREMENTS		
<ul style="list-style-type: none"> ▪ 1 physical copy of required materials found on checklist. ▪ 1 digital/electronic copy of all required materials on a jump drive or through Dropbox. 		
FOR OFFICE USE ONLY		
Date:	Received By:	Application Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No
Anything Missing:		
Fee: \$230.00		
Total Amount Paid: _____		

APPLICANT CERTIFICATION: I certify under penalty of perjury that this application and all information submitted as part of this application are true, complete and accurate to the best of my knowledge. I also certify that I am the owner of the subject property and that the authorized agent noted in this application has my consent to represent me with respect to this application. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Eagle Mountain City may rescind any approval, or take any other legal or appropriate action. I also acknowledge that I have reviewed the applicable sections of the Eagle Mountain Development Code and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. Additionally, I acknowledge that I have reviewed and understand the section from the Consolidated Fee Schedule and hereby agree to comply with this ordinance. I also agree to allow the Staff, Planning Commission, or City Council or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof.

Property Owner's Signature: _____ Date: _____

Attached Documents: Accessory Apartment Application Requirements/Checklist