



REQUEST TO RESUBMIT REZONE OR MDP

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

PROJECT INFORMATION	UPDATED: 9/2017
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Official Project Name: _____
Proposed Zoning: _____ Date of Denied Rezone/MDP: _____
Parcel ID(s) # _____
Substantial changes made to application: _____
<input type="checkbox"/> Copy of previously denied application provided

AUTHORIZED AGENT INFORMATION	PROPERTY OWNER INFORMATION
Authorized Agent: _____	Property Owner: _____
Address: _____	Address: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____
E-mail: _____	E-mail: _____

FOR OFFICE USE ONLY		
Date: _____	Received By: _____	Application Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No Anything Missing: _____
Fees: \$350 (applied toward rezone or MDP application if approved by City Council)		
Total Amount Due: _____		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: _____