



PETITION FOR AMENDING THE ZONING ORDINANCE

Community & Economic Development Dept. • 437 N Wasatch Dr. • Layton, UT 84041
Phone: (801) 336-3780 • Fax: (801) 336-3789 • www.laytoncity.org

To receive an authorized petition, the applicant must meet the following regulations

Updated 02/06/15

FEES: General Plan Amendment \$200
Rezone \$200
Ordinance Text Amendment \$200

Receipt # _____
Date _____

Please **submit** the following with your application and applicable fees:

- **One legal description for entire rezone area**
- **Copy of Section Map with property outlined**
- **Property Identification Number (PIN#)**
- **Other applicable information required by Staff**
- **If rezoning to commercial, a site plan must accompany this petition**

Name of Petitioner _____
(Please Print)

Address _____
Street City State Zip

Phone: _____

Fax: _____ Email: _____

Property Owner's Name _____
(Please Print)

Address _____
Street City State Zip

Phone: _____

Fax: _____ Email: _____

Purpose for Amendment: _____

I/We the undersigned hereby respectfully petition the Layton City Council to amend the Zoning Map (or Zoning Text) as follows:_____

_____.

Property Address: _____

From: _____
(Current Zoning)

To: _____
(Proposed Zoning)

By: _____
(Signature of Petitioner)

****Note: The "Property Owner Affidavit" and "Agent Authorization" must be signed by the owner (of record), and notarized before this application can be accepted.**

PROPERTY OWNER AFFIDAVIT
NOTARIZATION REQUIRED – SEE BELOW

STATE OF UTAH) :ss
COUNTY OF _____)

I (we) _____, being duly sworn, depose and say that I (we) am (are) the owner(s) of the property identified on the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge. I (we) also acknowledge that I (we) have received written instructions regarding the process for which I (we) am (are) applying and the Layton City Planning Staff have indicated they are available to assist me in making this application.

Prop. Identification # _____
Please Print Name Under Signature _____

Prop. Identification # _____
Please Print Name Under Signature _____

NOTARIZATION

Subscribed and sworn to me this ____ day of _____, 20__ .
Residing in: _____ My Commission Expires: _____
My Commission Expires: _____ Notary _____



In addition to above Property Owner Affidavit, OWNER must sign below if authorizing someone else to represent him at the City.

AGENT AUTHORIZATION

I (we), _____, the owner(s) of the real property described in the attached application, do authorize as my (our) agent _____ to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in Layton City considering this application and to act in all respects as our agent in matters pertaining to the attached application.

Prop. Identification # _____
Please Print Name Under Signature _____

Prop. Identification # _____
Please Print Name Under Signature _____

NOTARIZATION

Subscribed and sworn to me this ____ day of _____, 20__ .
Residing in: _____ My Commission Expires: _____
My Commission Expires: _____ Notary _____



Please Note:

If you are changing the use of the property, such as a residential use to a commercial or office use, you may be subject to impact fees for the change of use.

If you would like an estimate of what the fees may be for a particular use, please see Julie Matthews.

(801)336-3765

jmatthews@laytoncity.org

Thank You!