



APPLICATION FOR SUBDIVISION AMENDMENT

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

Updated 02/06/15

FEES: \$100 Base + \$20 per lot

Receipt: _____

Date: _____

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

- **Signature of all property owners of all lots to be amended (See attached affidavit). Please access the County records for this information. We cannot accept petitions without the actual property owner's signatures as recorded on County records.**
- **A mailing list of all property owners within the subdivision. Preferably on mailing labels.**
- **4 full-size copies of proposed amendment & 1 11 X 17 copy**

Name of Subdivision to be Amended: _____

Lot numbers _____

Property Identification Number of all lots to be amended: _____

_____.

What is the purpose for the proposed amendment? _____

_____.

Will the proposed amendment create a new or separate building lot? _____

Does the proposed amendment require that public utility easements be vacated? _____
If so, the petitioner is required to obtain and submit disclaimers from all utility companies.

Name of Petitioner _____

(Please Print)

Address _____

Street

City

State

Zip

Phone: _____

Fax: _____ Email: _____

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 _____

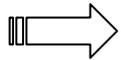
Prop. Identification # _____
Please Print Name Under Signature _____

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 _____

