



Zoning Amendment

■ Amend the text of the Zoning Ordinance ☐ Amend the Zoning Map					
OFFICE USE ONLY					
Received By:	Date Received:	Project #:			
Name or Section/s of Zoning Amend	Name of Continuous Annual description				
PLEASE PROVIDE THE FOLLOWING INFORMATION					
Address of Subject Property (or Area City Wide	a):				
Name of Applicant: Cellco Partnership d/b/a Verizon Wireless		Phone:			
Address of Applicant: 9656 South Prosperity Road, West Jordan, UT 84088					
E-mail of Applicant:		Cell/Fax:			
Applicant's Interest in Subject Prope	erty:				
Owner Contractor Architect Other:					
Name of Property Owner (if different from applicant): Salt Lake City					
E-mail of Property Owner:		Phone:			
Please note that additional information may be required by the project planner to ensure adequate information is provided for staff analysis. All information required for staff analysis will be copied and made public, including professional architectural or engineering drawings, for the purposes of public review by any interested party.					
AVAILABLE CONSULTATION					
If you have any questions regarding the requirements of this application, please contact Salt Lake City Planning Counter at (801) 535-7700 prior to submitting the application.					
REQUIRED FEE					
Map Amendment: filing fee of \$1,034, plus \$121 per acre in excess of one acre Text Amendment: filing fee of \$1,035, plus \$100 for newspaper notice. Plus additional fee for mailed public notices.					
SIGNATURE					
If applicable, a notarized statement of consent authorizing applicant to act as an agent will be required.					
Signature of Owner or Agent:		Date:			
Pete Simmons		4/9/20			

SUBMITTAL REQUIREMENTS			
Start Review 1. Project Description (please attach ad	lditional sheets.)		
x A statement declaring the purpose for the amendment.			
A description of the proposed use of the property being rezoned.			
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x List the reasons why the present zoning may not be appropriate for the area.			
Is the request amending the Zoning Map? If so, please list the parcel numbers to be changed.			
Is the request amending the text of the Zoning Ordinance?			
If so, please include language and the reference to the Zoning Ordinance to be changed.			
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WHERE TO FILE THE COMPLETE APPLICATION			
Mailing Address: Planning Counter	In Person:	Planning Counter	
PO Box 145471		451 South State Street, Room 215	
Salt Lake City, UT 84114		Telephone: (801) 535-7700	
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED			
		e submitted before my application can be processed. I s all of the following items are included in the	