

Town of Apple Valley
 1777 N Meadowlark Dr
 Apple Valley UT 84737
 T: 435.877.1190 | F: 435.877.1192
 www.applevalleyut.gov

See Fee Schedule Page 2


Zone Change Application

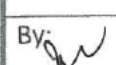
Applications Must Be Submitted By The First Wednesday Of The Month

Owner: Lyman Family Farm Inc.		Phone: [REDACTED]	
Address: [REDACTED]		Email: [REDACTED]	
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]	
Agent: (If Applicable)		Phone:	
Address/Location of Property: South of Highway 59 off of Main Street		Parcel ID: AV-1368-TR	
Existing Zone: OST		Proposed Zone: A-X	
For Planned Development Purposes: Acreage in Parcel _____		Acreage in Application ²⁴⁰ _____	
Reason for the request Switch from OST to Agricultural			

Submittal Requirements: The zone change application shall provide the following:

- A. The name and address of owners in addition to above owner.
- B. An accurate property map showing the existing and proposed zoning classifications
- C. All abutting properties showing present zoning classifications
- D. An accurate legal description of the property to be rezoned
- E. A letter from power, sewer and water providers, addressing the feasibility and their requirements to serve the project.
- F. Stamped envelopes with the names and address of all property owners within 500' of the boundaries of the property proposed for rezoning. Including owners along the arterial roads that may be impacted
- G. Warranty deed or preliminary title report and other document (see attached Affidavit) if applicable showing evidence the applicant has control of the property
- H. Signed and notarized Acknowledgement of Water Supply (see attached).

Applicant Signature  Vice President	Date 06/19/2024
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Official Use Only	Amount Paid: \$	Receipt No:
Date Received: RECEIVED JUL 02 2024	Date Application Deemed Complete:	
By: 	By:	

Apple Valley Zoning Districts Viewer



Search Account #, Parcel ID



-113.100162 37.047168 Degrees