

## **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:	Parcy & July Kous		Phone:					
Address:	letty found heys		Email:	, , , , ,				
		State						
City:	44							
Agent: (If Applicable) Phone:								
Address/Location of Property: Apple Valley Ut Parcel ID: AV-1354-D-10								
Existing Z	cone: On some transition	Proposed Zone:						
For Plann	For Planned Development Purposes: Acreage in Parcel Acreage in Application							
Reason for the request This is aurrently ag proparty and we use and intent to continue to use it as such.								
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 Ww.Co. Www.co.							
✓ 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 power, serve the project.	providers, addre	essing the feasil	bility and their requirements to				
[Z] c	Character and the state of the	d d do <b>6</b> - 11						
[√] 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							
<b>☑</b> G.	Warranty deed or preliminary title report and other document (see attached Affidavit) if applicable showing evidence the applicant has control of the property							
□ н.	Signed and notarized Acknowledgement of Water Supply (see attached).							
Applicar	Applicant Signature Date							
(	Lup	10	July'24					
Official Use Only Amount Paid: \$ Receipt No:								
Date Re	BEALTH	Date Application Deemed Complete:						
By:		By:						

