



## CITY OF NORTH SALT LAKE COMMUNITY & ECONOMIC DEVELOPMENT

10 East Center Street, North Salt Lake, Utah 84054  
(801) 335-8700  
(801) 335-8719 Fax

# GENERAL PLAN AMENDMENT

Project Information	
Application File:	
Project Planner:	
Parcel ID#:	
Current GP Designation:	
Requested GP Designation:	
Public Hearing Date:	

Application Fees	
Fee:	\$200
Public Hearing Fee:	\$75
Total Fee Paid:	
Receipt #:	
Date Received:	

Planning Commission Date:	
Recommendation:	Approval: <input type="checkbox"/> Denial: <input type="checkbox"/>

City Council Date:	
Decision:	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>

**Project Name:** \_\_\_\_\_

Address: \_\_\_\_\_

**Applicant Company:** \_\_\_\_\_

Applicant Contact: \_\_\_\_\_ **Signature:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*(If different from applicant; a letter from owner consenting to submittal may be substituted for owner signature)*

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*If you have any questions about this application, please contact the  
Community Development Department at (801)335-8700.*

*(Revised 10.23.2018)*

# ADDITIONAL INFORMATION

*(attach addition sheets if needed)*

1. Please explain the proposed request:

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2. Please explain why the proposed change is necessary to achieve the stated General Plan goals and policies of the city.

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3. Please explain how changed or changing conditions make the proposed amendment reasonably necessary to carry out the purposes of the General Plan.

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4. Identify any impacts and/or conflicts with other codes or the General Plan, along with proposed impact mitigation. Demonstrate how the amendment will conform to the General Plan.

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## **Notice to All Applicants**

**Application Deadline:** Minimum 3 weeks prior to desired Planning Commission Meeting

*Placement on the Planning Commission agenda is determined by completeness of applications, conformance to required standards, and staff work load. Every effort will be made to process applications in a timely manner.*

### **APPLICATION REQUIREMENTS**

- Complete and signed application form
- A non-refundable amendment/public hearing fee
- Legal Description of the property, if applicable
- Description of the change desired and the reasons therefore (including names of all owners of the subject property)
- Vicinity Plan & Location Map, drawn to scale
  - Zoning districts;
  - Adjacent property owners names
  - North arrow
  - Topographic contours
- Stamped, addressed envelopes (*return address blank and include list*)
  - Property owners within 300 feet of boundary of the affected area
  - All “affected entities”