



APPLICATION TO REZONE/CHANGE TEXT

West Bountiful City
PLANNING AND ZONING
550 N 800 W
West Bountiful, UT 84087
(801) 292-4486
www.WBCityut.gov

PROPERTY ADDRESS: _____ **DATE OF APPLICATION:** _____

PARCEL NUMBER: _____ **CURRENT ZONE:** _____ **PROPOSED ZONE:** _____

LEGAL DESCRIPTION ATTACHED: YES _____ NO _____

Applicant Name(s): _____

Applicant Address (if different than above): _____

Primary phone: _____ E-mail address: _____

☐ Describe in detail the request being made and the reasons why the change will benefit the people of West Bountiful. A separate sheet with additional information may be submitted if necessary.

I hereby apply to change text in the West Bountiful Municipal Code, or rezone the property identified above in accordance with the provisions of Utah State Code 10-9a-503. I certify that the above information is true and correct to the best of my knowledge.

Date: _____ Applicant Signature: _____

FOR OFFICIAL USE ONLY

Application & **\$150 Fee** Received Date: _____ Public Hearing Date: _____

Letters sent to affected neighbors: _____ Public Notice Sign Placed _____

Planning Commission Approval: _____ City Council Approval: _____