

# APPLICATION

## MAPLETON CITY COMMUNITY DEVELOPMENT DEPARTMENT

125 West Community Center Way, Mapleton, Utah 84664

**APPLICANT READ CAREFULLY:** Each approval process has a checklist which specifies what information is required in order for your Application to be completed and ready for processing. Before completing the application, please review the checklist; submit all the information it requests with your Application. Your application will be taken at the front desk, but will not be considered "accepted" by Mapleton City until it has been reviewed for compliance by the Community Development Department Application Review Committee. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED BY THE APPLICATION REVIEW COMMITTEE.** If you need help or have questions please ask to speak to a member of the Community Development Department Staff. We will not guarantee that your application is considered complete at the counter. The Application Review Committee meets once a week to determine submittal compliance. Please leave no line below unmarked. Please mark N/A in lines not applicable to your request. The asterisk (\*) indicates that the information is required.

Type Project (Subdivision, Rezone, TDR, Variance, etc.)\* \_\_\_\_\_

Name of Project\* \_\_\_\_\_ No. Lots/Units \_\_\_\_\_

Property Address\* \_\_\_\_\_ Approx. Acreage: \_\_\_\_\_

Utah County Tax Identification Number\* \_\_\_\_\_

Present Use of Property\* \_\_\_\_\_

Name of Applicant/Agent\* \_\_\_\_\_

Applicant/Agent's Address (Street)\* \_\_\_\_\_

(City, State)\* \_\_\_\_\_ (Zip)\* \_\_\_\_\_ e-mail address \_\_\_\_\_

Phone #' \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Name of Property Owner (if different)\* \_\_\_\_\_

Property Owner's Address (Street) \_\_\_\_\_

(City, State) \_\_\_\_\_ (Zip) \_\_\_\_\_ e-mail address \_\_\_\_\_

Phone #'s\* \_\_\_\_\_ Fax \_\_\_\_\_

Architect/Engineer/Surveyor \_\_\_\_\_ Phone (W) \_\_\_\_\_

I declare under penalty of perjury that I am the owner or authorized agent for the property which is the subject of this request, and that the statements, answers, and documents submitted in connection with this application are true and correct. Furthermore, I understand that my application is not considered a complete submittal until such time that it has been reviewed by the Community Development Department Application Review Committee.

Signature(s) of Owner or Agent\* \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

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DO NOT COMPLETE BELOW THIS LINE

Received By _____	Comments:
Type of Application _____	
Date Received _____	
Zone _____	
Requested Zone (if applicable) _____	
Application Fee \$ _____	
Subdivision:	
Preliminary Plat     \$ _____	
Final Plat     \$ _____	
Per Lot Fee     \$ _____	
Total     \$ _____	
Rev. Statement # _____	
<input type="checkbox"/> Plans Received	
<input type="checkbox"/> Reduced Copy (2 sets)	
<input type="checkbox"/> AutoCAD file on disk	
Number of copies, Full Sized _____	
Special Circulation Requirements:	

Application types:

- A - Annexation
- CUP - Conditional Use Permit
- PPA - Project Plan Approval
- R - Rezone
- SF - Subdivision-Final
- SM - Subdivision Minor
- SP - Subdivision-Preliminary