



Zoning Map Amendment Application

t.801/423-2300 | f.801/423-1443 | email staff@elkridgecity.org | web www.elkridgecity.org

APPLICANT INFORMATION

Name: _____

Phone: _____

Address: _____

Cell: _____

City: _____ State: _____ ZIP: _____

Fax: _____

email: _____

SIGNATURE: _____

Date: _____

NATURE OF ZONING MAP CHANGE

Explain the need for the request to amend the zoning map.

Explain what your proposed use of the land is.

OTHER SUBMITTALS

Accompanying this application you must also submit:

- Names and addresses of all property owners within the proposed re-zone and are they in favor or opposition.
- A legal description of property to be re-zoned
- Map detailing the proposed amendment to the zoning map

NEXT STEPS

Once a complete application, and required other submittals, and zoning map amendment fee are submitted:

- Staff reviews submittal items for completeness.
- Incomplete submittals shall be returned to the applicant.
- Amendments to the zoning map will go to the planning commission for review and recommendation. Planning Commission recommendation is forwarded to the city council for their review and action.
- City council meet the 2nd and 4th Tuesdays each month.
- Planning Commission meets the 2nd Thursday each month.

SUBMITTAL INFORMATION (filled in by staff)

Received by: _____

Date: _____

Fee amount paid: _____

Date: _____

Complete application and check list verified by: _____

Date: _____