

# ZONING ORDINANCE AMENDMENT APPLICATION TEXT AMENDMENT

*(This box for office use only)*

Date proposal received:  
 Fee collected: \$  
 Proposal Determined to be Complete:

CASE NUMBER

PETITIONER INFORMATION	
Name	Phone
Address	Other Phone
	Fax
City, State, Zip	e-mail

*(Additional names and addresses should be listed on a separate paper and attached)*

PURPOSE FOR AMENDMENT		
Title	Chapter	Section
Description of Proposed Text Change:		

Upon compliance with certain procedures as set forth in Title 10 Chapter 3 Section 4 of the Millard County Code requires a recommendation by the Millard County Planning Commission, and is subject to approval by the Millard County Board of Commissioners. The following checklist, when completed, will assist the petitioner with compiling some of the necessary information required for processing the petition through Planning Commission and the Board of County Commissioners. Partial completion or total omission of any requirement listed below may cause the application to be rejected or delayed.

√	SUBMITTAL REQUIREMENTS	
√	<b>Application</b>	One original which must contain an original signature of the owner/applicant.
	<b>Fees</b>	A non-refundable administrative fee in the amount of \$300.00 plus \$1.80 per word for publication of the required public hearing notices. There will also be an additional fee for cost of publication of ordinance upon passage.
	<b>Purpose</b>	State the purpose of the requested zoning ordinance amendment and how the request complies with the criteria stated above required for approving an amendment to the Millard County Zoning Ordinances
	<b>Ordinance</b>	State the existing ordinance including the Title, Chapter, Section and exact

Last updated: 7/5/2019  
 Zoning Ordinance Text Change Application  
 Website [www.millardcounty.org](http://www.millardcounty.org)

**MILLARD COUNTY PLANNING AND ZONING**  
 71 South 200 West • P. O. BOX 854 • Delta, UT 84624  
 Phone 435-864-1400 • Fax 435 864-1404

		language of the current ordinance that this application is requesting an amendment to.
	<b>Proposed Amendment</b>	State the exact proposed language change(s) and format that this application is requesting.
	<b>The Project</b>	<p>On a separate attached sheet of paper, please describe the proposed changes to the text of the Millard County Ordinance in detail. Describe how the proposed change will be in harmony with the General Plan of the County, and how the change will be in the best interest of the County. Attach additional pages as needed. Specifically address how the project meets the following requirements:</p> <p>a. Correct an obvious error or oversight in this title or the official zoning map.</p> <p>b. Be consistent with county development and land use objectives as stated in the County <i>General Plan</i> in its current and amended forms.</p> <p>c. Recognize the changing conditions in the County, which require that amendments be adopted for the promotion of the public health, safety and general welfare.</p>
	<b>Other Information</b>	Provide any other information that you feel would be helpful to the Planning Commission in their consideration of this application.
	<b>Signatures</b>	Obtain the acknowledgement signatures of the following agencies in the space provided: Millard County Sheriff; Millard County Road Department Central Utah Regional Board of Health; Millard County Fire District; Millard County Building Department

**SIGNATURES REQUIRED FOR THE LAND USE CHANGE APPLICATION**

For \_\_\_\_\_, located at: \_\_\_\_\_  
*Name of Applicant or Agency* *County address or brief description*

The Millard County Sheriff's Office, 765 S Hwy 99, Suite 1, Fillmore, UT 84631, has reviewed the information regarding the above proposed project. Our review concludes that the following impacts will be:

\_\_\_\_\_  
**Millard County Sheriff** Date  
 Phone: 435 743-5302 Fax: 435 743-6324 email: [millardsheriff.org](mailto:millardsheriff.org)

The Millard County Road Department, 1000 W 1000 N, PO Box 187, Delta, UT 84624, or UDOT has reviewed the information regarding the above project. Our review concludes that the following impacts will be:

\_\_\_\_\_  
**Millard County Road Superintendent** Date  
 Phone: 435 864-2467 Fax: 435 864-2558 email: [millardcountyroad@yahoo.com](mailto:millardcountyroad@yahoo.com)  
 or **Keith Meinhardt, UDOT** 435 864-2196 email: [kmeinhardt@utah.gov](mailto:kmeinhardt@utah.gov)

The Central Utah Board of Health, 428 E Topaz, Delta, UT 84624, has reviewed the information regarding the above proposed project. Our review concludes that the following impacts will be:

\_\_\_\_\_  
**Central Utah Public Health Inspector** Date  
 Phone: 435 864-3612 or 435 743-5723 or 435-623-0696  
 Fax: Same as above for both email: [centralutahpublichealth.com](mailto:centralutahpublichealth.com)

The Millard County Fire Warden 765 S Hwy 99, Ste. 1, Fillmore, UT 84631 has reviewed the information regarding the above proposed project. Our review concludes that the following impacts will be:

\_\_\_\_\_  
**Landon S Rowley, Fire Warden** Date  
 Phone 435 559-1273 email: [lsrowley@utah.gov](mailto:lsrowley@utah.gov)

The Millard County Building Department, 71 S 200 W, PO Box 854, Delta, UT 84624, has reviewed the information regarding the above proposed project. Our review concludes that the following impacts will be:

\_\_\_\_\_  
**Adam Richins, Building Official** Date  
 Phone: 435 864-1400 Fax: 435 864-1404 email: [arichins@co.millard.ut.us](mailto:arichins@co.millard.ut.us)

**AUTHORIZATION SIGNATURES**

ONLY THE OWNER OF THE PROPERTY OR AN AUTHORIZED AGENT MAY FILE AN APPLICATION

I, the Owner/Agent agree to indemnify and hold harmless Millard County and its agents, officers and employees from any claim, action or proceeding against the Owner/Agent's project.

I certify, under penalty of perjury, that I am (check one):

- Legal property owner (includes partner, trustee, grantor, or corporate officer) of the property(s) involved in this application, and that the foregoing application statements are true and correct
  
- Legal agent (attach proof of the owner's consent to the application of the property(s) involved in this application and have been authorized to file on their behalf, and that the foregoing application statements are true and correct.

Print Name _____	Signature _____	Date: _____
Print Name _____	Signature _____	Date: _____
Print Name _____	Signature _____	Date: _____
Print Name _____	Signature _____	Date: _____
Print Name _____	Signature _____	Date: _____
Print Name _____	Signature _____	Date: _____

*If signatory is not the owner of record, the attached "Owner/Agent Agreement" must be signed and notarized.*

**Record of Actions** (to be completed by Millard County Planning Department)

**Millard County Planning Department Office Use Only**

**Planning Commission Recommendation**

Favorable Recommendation     Unfavorable Recommendation    Date of Action \_\_\_\_\_

**Board of County Commissioners Action**

Approved                       Denied                      Date of Action \_\_\_\_\_

Figure 1  
**LAND USE APPLICATION INITIATION**

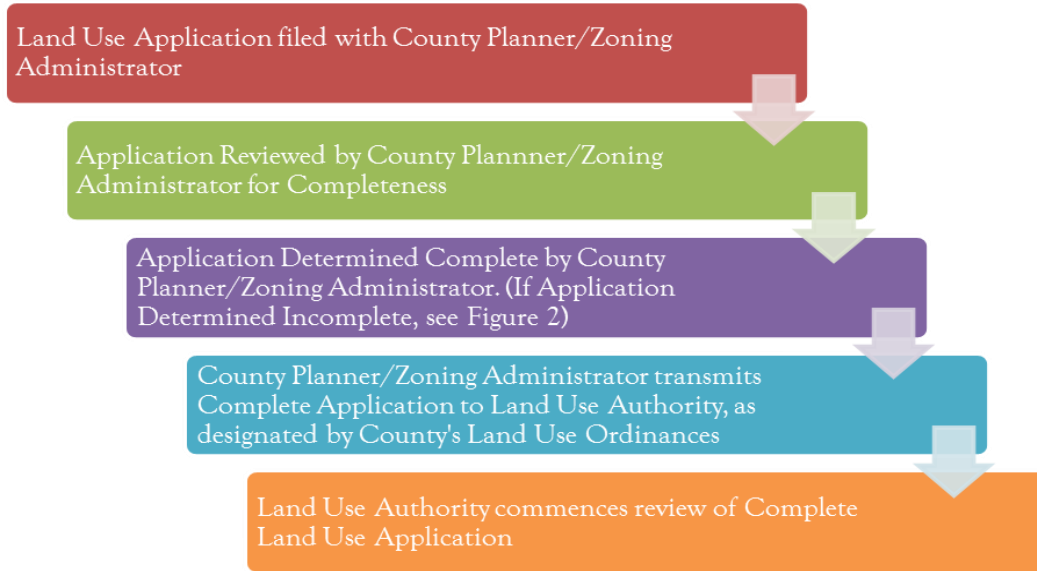


Figure 2  
**PROCEDURES FOR DETERMINATION OF LAND USE APPLICATION COMPLETENESS BY COUNTY PLANNER/ZONING ADMINISTRATOR**

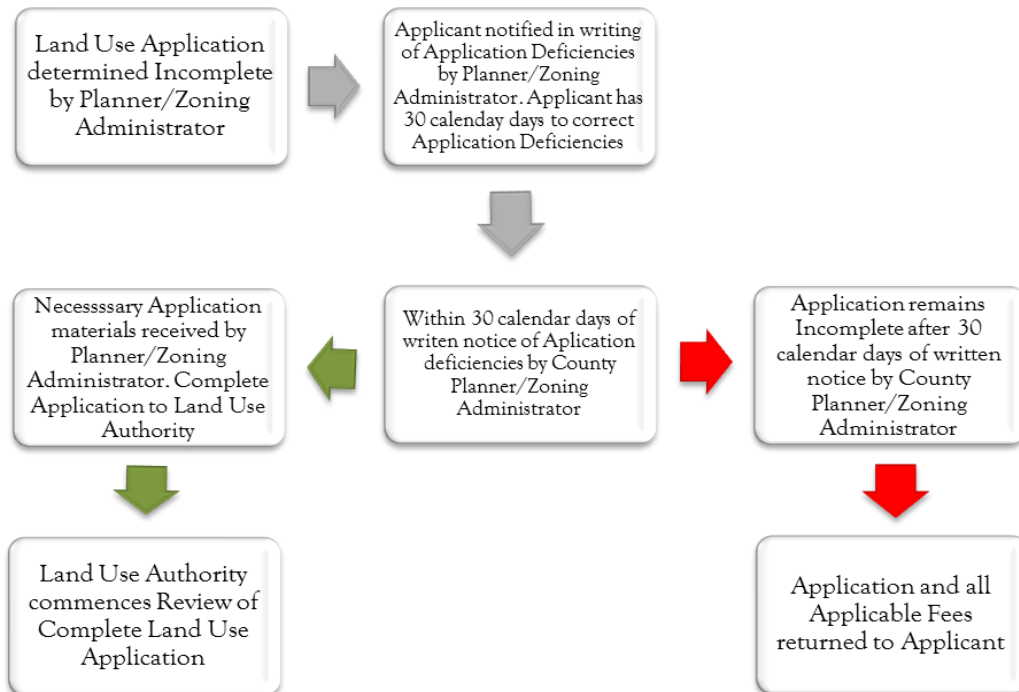


Figure 9  
LAND USE ORDINANCE AMENDMENT APPLICATIONS

