



REQUEST FOR ZONECHANGE

OWNER'S NAME(S) _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

LEGAL DESCRIPTION OF PROPERTY TO BE RE-ZONED

With this application, include 7 copies of 11"x 17" size of plat map showing areas to be rezoned including surrounding area within 1/2 mile of this property.

Your request will be reviewed by the Enoch City Planning Commission, who, if they approve, will hold a required public hearing after a ten (10) day notice is published in the local newspaper, on the City website and at the City Office. The area to be rezoned will also be posted with signs to inform the nearby residents. The Planning Commission will then make a recommendation to the City Council, who will deliberate the matter and either approve or deny the zone change by ordinance.

The fee for the zone change request is \$500, payable upon submission of the request and plat maps.

Paid Y/N Check # _____ Date _____

I, Lindsay Hildebrand, Enoch City Recorder, acknowledge this zone change request and will begin the process to facilitate the requested zone change.

Lindsay Hildebrand, Enoch City Recorder Date