Toquerville City
ZONE CHANGE APPLICATION
Fee: See Current Fee Schedule

EST. 1858
TOQUERVILLE CITY

Name: Brecken Anderson   **Telephone:** ███████████

Address: ████████████████████████   **Fax No.** _____

Agent (If Applicable): Adam Allen / American Consulting and Engineering   **Telephone:** 435-680-6711

Email: ████████████████ / adam@alcsg.com

Address/Location of Subject Property: Not yet Addressed

Tax ID of Subject Property: T-3-1-4-230, T-3-1-4-231, T-3167 **Existing Zone District:** MU-20

Proposed Zoning District and reason for the request (Describe, use extra sheet if necessary):
Zone change to R-1-20 to establish base density for zoning

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Submittal Requirements: The zone change application shall provide the following:

X   a.   The name and address of every person or company the applicant represents;

x   b.   An accurate property map showing the existing and proposed zoning classifications;

X   c.   All abutting properties showing present zoning classifications;

X   d.   An accurate legal description of the property to be rezoned;

X   e.   Stamped envelopes with the names and addresses of all property owners within 300 feet of the boundaries of the property proposed for rezoning;

X   f.   Warranty deed or preliminary title report or other document (see attached Affidavit) showing evidence that the applicant has control of the property.

Additional fees may include the cost of amending the official zoning map, County recording fees, Attorney and engineering fees, General Plan and other city plan amendments.

Note: It is important that all applicable information noted above along with the fee is submitted with the application. An incomplete application will not be scheduled for Planning Commission consideration. Once your application is deemed complete, it will be put on the agenda for the next Planning Commission meeting. A deadline missed or an incomplete application could result in a month's delay.

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(Office Use Only)

DATE RECEIVED: 8/28/25   **COMPLETE: YES** ✓ **NO**

DATE APPLICATION DEEMED TO BE COMPLETE: 8/28/25

COMPLETION DETERMINATION MADE BY: _Emily_ (Signature)