



Midway
C.A.R.E.S.

Midway City
75 North 100 West
Midway, UT 84049

Planning Department
435-623-3223 ext. 105
mhenke@midwaycityut.gov

Development Agreement Amendment

Application Fee: \$1,000 + \$100 per lot/unit + Professional Review Deposit: \$1,000

Owner(s) of Record

Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Applicant or Authorized representative

Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Area Impacted by Proposed Amendment

Location: _____ Parcel Number(s): _____

Current Zoning Classification: _____ Proposed Zoning Classification: _____

Acreage: _____

Prior Approvals: _____

Reason and Justification for the Amendment:

FOR OFFICE USE ONLY

STAFF:

Date Received: _____

Received By: _____

Fee Paid: _____

PLANNER:

Complete / Incomplete

Date: _____ Reviewed by: _____

Please give us a detailed statement on how the proposal will help implement our vision. Visit our website to view our General Plan.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I declare under penalty of perjury that I am the owner or authorized agent of the property subject to this request and the foregoing statements, answers and attached documents are true and correct. As the applicant for this proposal, I understand that my application is not deemed complete until the Planning Office has reviewed the application. I further understand I will be notified when my application has been deemed complete. At that time I expect that my application will be processed within a reasonable time, considering the workload of the Planning Office.

Signature of Owner or Agent: _____ Date: _____

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