REZONING PROCEDURE

Under certain circumstances the Midvale City Planning and Zoning Commission and the Midvale City Council may permit a property owner to change the zoning classification of their property. Issues that will be considered by the Planning Commission and City Council include adherence to the Midvale City General Plan, impact on surrounding property owners and impact on the overall community.

SUBMITTAL DEADLINE: All required submittals must be turned in to the Midvale City Planning Department at least three weeks prior to the public hearing before the Planning and Zoning Commission.

MEETING DATES: The Midvale City Planning and Zoning Commission meets on the second Wednesday of the month at 7pm. The Midvale City Council meets the first and third Tuesdays of the month at 7pm. Please contact the Midvale City Planning Department regarding date assignments.

ITEMS TO BE SUBMITTED: All required documents must be submitted with the application. Incomplete applications will not be accepted.

- Fee and application.
- Property owner’s affidavit or agent’s authorization.
- Legal description of subject property.
- Notarized affidavit from property owner(s) indicating support of the requested change in zoning.
- Reason for the requested rezone.
- Concept plan reflecting proposed development if property is rezoned.
**REZONING APPLICATION**

### Applicant Information

Name: ________________________________________________________________

Business Name (if applicable): ____________________________________________

Mailing Address: ______________________________________________________

City, State, Zip: _______________________________________________________

Daytime Phone: ___________________________ Email: _______________________

### Property Owner Information

Owner Name (if different): _______________________________________________

Mailing Address: ______________________________________________________

City, State, Zip: _______________________________________________________

Daytime Phone: _______________________________________________________

### Project Information

Property Address: ______________________________________________________ Sidwell No.: __________________________

Current Zoning Classification: __________________________ Proposed Zoning Classification: ______________________

What is the proposed use if the property is rezoned? ______________________

Does the proposed zoning change comply with the Midvale City General Plan?  ☐ Yes  ☐ No

### Application Fees

<table>
<thead>
<tr>
<th>Acreage</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 acre or less</td>
<td>$665</td>
</tr>
<tr>
<td>1-5 acres</td>
<td>$765</td>
</tr>
<tr>
<td>over 5 acres</td>
<td>$865</td>
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</tbody>
</table>

### Authorized Signature

I certify that the submitted information is true and correct to the best of my knowledge. I am aware that only complete applications will be accepted for processing. *(Complete application requirements are attached.)*

Authorized Signature: ___________________________________________ Date: ________________

Note: Rezoning a property does not eliminate the necessity of obtaining a business license, conditional use permit, site plan approval, subdivision approval, or a building permit *(if applicable).* Please contact the appropriate Midvale City Departments regarding all new businesses or construction.
OWNER’S AFFIDAVIT

I, (We) ____________________________, hereby declare under the penalty of perjury that I (we) am (are) the owner(s) of the property involved in this request, or if the owner is a corporation or other entity, that I (we) am (are) duly authorized to execute this affidavit on behalf of said corporations or entity. I (we) further declare that the foregoing statements and the information submitted herewith are true and correct.

PROPERTY OWNER’S INFORMATION

OWNER(S) NAME(S)

OWNER(S) SIGNATURE(S)

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE

CAPACITY CLAIMED BY SIGNER

☐ INDIVIDUAL(S)
☐ PARTNER(S)
☐ TRUSTEE(S)
☐ CORPORATE OFFICER(S)
☐ ATTORNEY-IN-FACT
☐ OTHER

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

AGENT/TENANT AUTHORIZATION (if applicable)

I (we) hereby authorize ________________________________________________ (Applicant’s Name) to apply for ________________________________________________ (application type: CUP, ACUP, MPD, etc.) requesting ________________________________________________ (Type of activity)

PROPERTY OWNER

Dated this ___ day of __________________, ____, personally appear before me ________________________, the signer(s) of the above affidavit who duly acknowledged to me that they executed the same.

(Notary)

Residing in _______________________________
My commission expires: ____________________