



CITY OF WELLSVILLE

75 EAST MAIN STREET, WELLSVILLE, UT 84339 (435) 245-3686 www.wellsvillecity.com

APPLICATION FOR PROJECT REVIEW

Date Received _____	Received By _____	Scheduled Meeting Date _____	Property Zoning _____
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Type of Application (Check all that apply):			
<input type="checkbox"/> Design Review	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Business License
<input type="checkbox"/> Code Amendment	<input type="checkbox"/> Appeal.	<input type="checkbox"/> Other	<input type="checkbox"/> Zone Change
			<input type="checkbox"/> Administrative Design Review

Project Name _____

Project Address _____

Applicant _____ Phone _____

Mailing Address _____

Contact Person _____ Phone _____

Mailing Address _____

Property owner of Record _____

_____ Phone _____

Mailing Address _____

Property Size (acres or square feet)
Number of Dwelling Units
Critical Lands within property (see 10-34) Specify
Open Space Required (see 10-35)
Exact Amount of Water with property
Number of Dwellings Allowed (see 10-15-1)

Describe Project

- NO SITE ACTIVITY SHALL OCCUR UNTIL AFTER APPROPRIATE APPROVAL -

I certify that the information contained in this application and all supporting plans are correct and accurate. I also certify that I am authorized to sign all further legal documents and permit on behalf of the property owner.	_____ Signature of Property Owner's Authorized Agent
I certify that I am the property owner on record of the subject property and that I consent to the submittal of this project. I understand that all further legal documents and permits will be sent to my authorized agent listed above.	_____ Signature of Property Owner