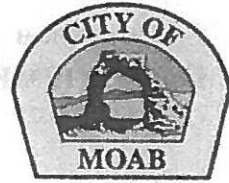


DEVELOPMENT CODE AMENDMENT APPLICATION

2 PAGES - FORM MUST BE COMPLETED IN INK



DATE STAMP FOR CITY USE ONLY	TO BE FILLED OUT BY APPLICANT
	PROJECT NAME (if any): <u>Community Rebuilds Campus</u>
	PROJECT STREET ADDRESS OR ACCESS STREET: <u>140 S 200 E / 150 S 200 E</u>
	FOR CITY USE ONLY
	APPLICATION NUMBER: <u>19-0132</u>
	DATE RECEIVED:
	APPLICATION FEE: TEXT AMENDMENT - \$350.00 ZONE CHANGE - SMALL RESIDENTIAL (<1/2 ACRE) - \$350.00 LARGE RESIDENTIAL AND COMMERCIAL - \$500.00
	TREASURER'S RECEIPT NUMBER: <u>69934174</u>

All applications are subject to review by city staff for completeness. Staff will notify the applicant of deficiencies or completeness within fifteen days.

A pre-application conference with city planning staff is encouraged prior to application submittal.

I. APPLICANT

Name: Community Rebuilds

Mailing Address: 150 S 200 E Moab, UT 84532

Phone #: 435-260-0501 Fax #: _____ E-mail planner@communityrebuilds.org

II. TYPE OF APPLICATION

- Text Amendment
- Zone Change

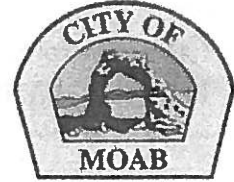
III. SUMMARY DESCRIPTION OF AMENDMENT (Do not refer to attachments)

Changing 140 S 200 E from R-3 zoning to C-2 zoning

Changing 150 S 200 E from C-2 zoning to R-3 zoning
acres acres
.25 + .88 > .5 acres

DEVELOPMENT CODE AMENDMENT APPLICATION

2 PAGES - FORM MUST BE COMPLETED IN INK



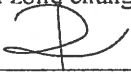
****ZONE CHANGE APPLICANTS ONLY****

AFFIRMATION OF SUFFICIENT INTEREST

This is to certify that I am making an application to the City for the described action and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am the party whom the City should contact regarding any matter pertaining to this application.

The documents and information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until City Staff has reviewed the application and has notified me that it has been deemed complete.

I hereby affirm that I am the fee title owner of the below described property or that I have written authorization from the owner to pursue a zone change.

Signature of Applicant:  Date 11-12-19
Name of Applicant (please print) Rikki Epperson - Community Rebuilds
Mailing Address 150 S 200 E Moab, UT 84532

TEXT AMENDMENT SUBMITTAL REQUIREMENTS:

Please provide the following information (attach additional sheets if necessary).

1. Narrative describing the project and its relationship to and compliance with the elements, goals and policies of the Moab General Plan – please include the following details:
 - State the Land Development Code Section to be amended.
 - Explain the justification for the proposed amendment.
 - Provide evidence of consistency and implementation of the proposed amendment with the Comprehensive Plan.
 - Are there similarities of the proposed use with other uses in the zone?
 - Should this be considered as a conditional use or a use-by-right? Why?
 - How does this amendment comply with the Land Use Code and the character and objectives of the affected zoning district?
 - Proposed new language with existing words to be deleted lined through, and words to be added underlined
2. Statement from the County Treasurer showing payment in full of all real property taxes due on the parcel.
3. Applicable Fees

Attachments:

1. Standard Application Form.
2. Copy of the proposed text change.
3. Copy of the proposed ordinance in strike-through and underline form.
4. Attach as many additional pages as needed.