

CITY OF SPRINGVILLE DEVELOPMENT APPLICATION

*This is a multiple use form. Only complete the sections related to your request.
All fees must be paid prior to consideration by the city council, or by any board or
commission of the City of Springville.*

CHECK ONE:

- Preliminary Plat Application
- Final Plat Application
- Rezoning Request
- Special Exception Request
- Variance Request
- Appeal to the Board of Adjustment

Development Name _____

Address _____

Property Owner _____

Address _____

Telephone _____ E-mail _____

Engineer _____

Address _____

Telephone _____ E-mail _____

Attorney _____

Address _____

Telephone _____ E-mail _____

Applicant (If other than owner) _____

Address _____

Telephone _____ E-mail _____

Applicant's Signature: _____

Date Received at City Clerk's Office _____

Applicant Checklist for Required Information for Requested Action
(attached separate sheets as necessary)

Rezoning Request:	Fee Paid: \$ _____
___ Legal description	Date: _____
___ Site map	
___ Statement of why present zoning is no longer valid	
___ List of property owners within 200 feet of the rezoning	
Present Zoning _____	Proposed Zoning _____
Date and Time of Next P&Z Meeting _____	

Special Exception Request:	Fee Paid: \$ _____
___ Legal description	Date: _____
___ Site map	
___ Statement of why special exception is being requested	
___ List of adjacent property owners	
Date and Time of Next Board of Adjustment Meeting _____	

Variance Request:	Fee Paid: \$ _____
___ Legal description	Date: _____
___ Site map showing required & requested standards	
___ Statement of why variance is being requested	
___ List of adjacent property owners	
Date and Time of Next Board of Adjustment Meeting _____	

Preliminary Plat:	Fee Paid: \$ _____
	Date: _____
___ 17 copies of preliminary plat with required information	
Date and Time of Next P&Z Meeting _____	

Final Plat:	Fee Paid: \$ _____
	Date: _____
___ 17 copies of preliminary plat with required information	
Date and Time of Next P&Z Meeting _____	

Appeal to the Board of Adjustment:	Fee Paid: \$ _____
	Date: _____
___ Statement of why appeal is being required, including a description of the original decision for which the appeal is being made	
Date and Time of Next Board of Adjustment Meeting _____	