

## APPLICATION FOR REVISIONS TO APPROVED PLANS

For Office U	Jse Only				
File #:	Application Date:	Receipt #:	Planner:		
Fee: \$100 first page	+ \$20 each additional page				
Project Name:		Project Acreage:			
Address of	Project:				
Name of A	pplicant or Authorized Agent(s):				
Address		City:	State:	Zip:	
Phone#:	Cell#:	Fax#:	Email:		
Name of O	wner(s) (if other than applicant):				
Address		(if more than one owner, attach additio	nal information for each owner to this applica State:	7in·	
Phone#:	Cell#:		state Email:		
	gnature of Authorization to file: _ censed Engineer (if applicable): _		re of each owner to this application)		
Address		City:	State:	Zip:	
Phone#:	Cell#:	Fax#:	Email:		
	mendment Requested:				
APPLICA	TION SUBMITTAL PROCED	URES			
(1)	The applicant shall contact a men	nber of the Planning Sta	ff before submitting pl	ans electronically	
	The applicant shall contact a member of the Planning Staff before submitting plans electronically.  The applicant shall create an account and submit all required information electronically through the				
• •	following link				

The deadline for submittal for the meeting of the Reviewing Departments is 5:00 pm on Tuesday for review the following week on Wednesday. All fees need to be paid by noon on Wednesday (a week before the meeting). It is the applicant's responsibility to call and confirm their scheduled DRC time.

## SUBMITTAL REQUIREMENTS

Applications <u>must</u> include the following information, if applicable:

- (1) \_\_\_\_\_ A written description of the proposed amendment that identifies the following issues:
  - (a) \_\_\_\_\_ Reason for the proposed revision(s).
  - (b) \_\_\_\_\_ An explanation of what is being revised.
- (2) \_\_\_\_\_ Submit new pages of the construction drawings for review with all revisions highlighted or clouded.

## APPLICANT(S)/OWNER(S) CERTIFICATION

I (we) certify under penalty of perjury that this application and all information submitted as a part of this application is true, complete and accurate to the best of my knowledge. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I (we) understand that Lehi City may rescind any approval or take any other legal or appropriate action. I (we) also acknowledge that I (we) have reviewed the applicable sections of the Lehi City Development Code and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. I (we) also agree to allow the Staff, Planning Commission, or City Council or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof.

Applicants Signature	Title	Date

## **REVIEW PROCESS FOR REVISIONS**

