



APPLICATION FOR REVISIONS TO APPROVED PLANS

For Office Use Only

File #: _____ Application Date: _____ Receipt #: _____ Planner: _____

Fee:
\$100 first page + \$20 each additional page

Project Name: _____ Project Acreage: _____

Address of Project: _____

Name of Applicant or Authorized Agent(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ Cell#: _____ Fax#: _____ Email: _____

Name of Owner(s) (if other than applicant): _____

(if more than one owner, attach additional information for each owner to this application)

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ Cell#: _____ Fax#: _____ Email: _____

Owner's Signature of Authorization to file: _____

(if more than one owner, attach the signature of each owner to this application)

Name of Licensed Engineer (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ Cell#: _____ Fax#: _____ Email: _____

Type of Amendment Requested: _____

APPLICATION SUBMITTAL PROCEDURES

- (1) _____ The applicant shall contact a member of the Planning Staff before submitting plans electronically.
- (2) _____ The applicant shall create an account and submit all required information electronically through the following link <https://talktomycity.com/create> (Agency Code Leh02), including:
 - (a) _____ the completed application, a copy of each amended sheet and all other required information including a narrative.
- (3) _____ **Staff will then review the submittal and send out an email with a link for the payment of fees.**

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 must 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

