





# CITY OF WELLSVILLE

75 EAST MAIN STREET, WELLSVILLE, UT 84339 (435) 245-3686 [www.wellsvillecity.com](http://www.wellsvillecity.com)

# APPLICATION FOR PROJECT REVIEW

Date Received	Received By	Scheduled Meeting Date	Property Zoning
_____	_____	_____	_____

**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 \_\_\_\_\_

### Property Size (acres or square feet)

Project Address \_\_\_\_\_

ANSWER

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

### Number of Dwellings

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

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Mailing Address \_\_\_\_\_

10.1002/anie.201907002

## Property owner of Record

## Critical Lands with

Phone \_\_\_\_\_

(see 10-34) Specif

Mailing Address \_\_\_\_\_

[View Details](#)

## Describe Project

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Exact Amount of Water with property
Number of Dwellings Allowed (see 10-15-1)

- NO SITE ACTIVITY SHALL OCCUR UNTIL AFTER APPROPRIATE APPROVAL -

<p>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.</p>	<hr/> <p>Signature of Property Owner's Authorized Agent</p>
<p>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.</p>	<hr/> <p>Signature of Property Owner</p>