

SPRING CITY MUNICIPAL CORPORATION
150 East Center Street
Spring City, Utah 84662
435-462-2244

SPRING CITY ZONING PERMIT NUMBER: _____

You must complete this ZONING PERMIT from Spring City before you can qualify for a building permit from Sanpete County. FEE: \$100.00

1. A PLOT PLAN, drawn to scale, and BLUEPRINTS must accompany this form. The Zoning Administrator will examine your plans and specifications to see that they conform to Spring City's respective zoning law or bylaws. This permit also gives notice to the Mayor, City Council and utility departments of your desire to build and where.

2. Name: _____ Contractor: _____
Current Address: _____
Current Telephone Number: _____

3. Serial Number of property you plan to build on: _____

4. Address of property you plan to build on (or approximately address if one has not yet been assigned): _____

5. Who is the legal owner of the property you plan to build on:

6. Is this building lot located in a flood zone? YES NO

7. Detailed description of structure/building:

Signature of Contractor: _____

8. Please make an APPOINTMENT at City Hall to meet with the Zoning Administrator and Utility Departments. *YOU MUST have PLOT PLAN AND BLUEPRINTS ready. You MUST have proposed building site staked out on the property before the appointment date.*

Zoning Administrator:

Date: _____ Time: _____ Place: _____

Utilities: Electric: _____ Water: _____ Sewer: _____

Date: _____ Time: _____ Place: _____

9. Building property line setbacks:

North Setback: _____ South Setback: _____

East Setback: _____ West Setback: _____

Which setback is the front of the building? _____

Which setback faces the street? _____

Do any of the setbacks above require a variance? _____ YES _____ NO

If so, state which setback (s): _____

What is the acreage? _____ If less than 1.06 acres, prior owner: _____

Recording date: _____ (Must be recorded before November 1992.)

**** ALL VARIANCES MUST GO BEFORE THE BOARD OF ADJUSTMENTS* SEE APPENDIX A - IF APPLICABLE**

10. Property owner/Contractor, please provide the following information for utility service departments:

SEWER - Proposed depth at property line: _____

Location at property line: _____

WATER - Size of service requested: _____

Location at property line: _____

POWER - Meter base location: _____

Service amperage requested: _____

11. Each service department must initial off its respective department and give required instructions to property owner, if any:

SEWER: (_____) _____

_____. **Line Extension needed:** (_____)

WATER: (_____) _____

_____. **Line Extension needed:** (_____)

POWER: (_____) _____

_____. **Line Extension needed:** (_____)

FIRE DEPT: (_____) _____

**** ALL LINE EXTENSIONS/ADJUSTMENTS must be approved by the Mayor/Council* SEE APPENDIX B - IF APPLICABLE**

12. I, _____ being the Zoning Administrator for Spring City, have met with the applicant and have had an on-site inspection of their property. I have examined their plans

and specifications and found the following to be a true statement of facts:

() Applicant meets all of Spring City's building and zoning requirements.

() Applicant DOES NOT meet all of Spring City's building and zoning requirements.

SEE APPENDIX A

13. We, the property owner and contractor, understand the locations, availability, and limitations of services requested and agree to all that has here to fore and will here after be put in writing.

Property Owner: _____ Contractor: _____
Signature Signature

14. The Mayor and City Council of Spring City hereby recognizes _____ and their desire to build on the above-mentioned property. We therefore do set forth our hand and agree to the following:

SPRING CITY MAYOR: _____

CITY COUNCIL: _____

15. APPLICANT is required to pay for all FEES, which may include (sewer, water, power and other) before final approval is granted for this zoning permit. *SEE APPENDIX B* for total cost analysis.

DOLLAR AMOUNT DUE TO THE

SPRING CITY TREASURER: \$ _____

_____ Date Paid: _____

SPRING CITY TREASURER

16. Did the city give this permit a number and keep a copy of the plot plan, and make a copy of this zoning permit?

_____ YES Date: _____

17. Did the City Recorder record this Zoning Permit? _____ YES Date: _____

SPRING CITY RECORDER

FOR YOUR INFORMATION

UTILITY PERSONNEL and ZONING ADMINISTRATOR:

David Allred is the Zoning Administrator and he will be available to meet with you by appointment only. Appointments must be made at least two days prior.

Spring City Superintendent of sewer, water and power. They will be available to meet with you by appointment only. Appointments must be made at least two days prior.

REMEMBER to make your appointments at city hall. (Phone # 435-462-2244)

The Mayor and City Council meet in their regular city council meeting the first Thursday of each month at 7:30 p.m. (7:00 p.m. winter months) This meeting is held in the council room at city hall, 150 East Center Street. Please call city hall at 462-2244 if you wish to be placed on the agenda to discuss your Zoning Permit. (2 days prior to meeting)

The Mayor, City Council and City Employees meet the Third Thursday of each month to hold a **WORK MEETING**. This meeting is held in the council room at city hall, 150 East Center Street at 7:00 p.m. You are welcome to attend and discuss your **ZONING PERMIT**, however no approvals may be given at a work meeting. (2 days prior to meeting)

The **BOARD OF ADJUSTMENT** meet as needed. Please call the city hall and make an appointment if you need a variance.

All monies are paid to the city treasurer Monday through Thursday 9:00 a.m. and 5:00 p.m.

APPENDIX "B"

UTILITIES COST ANALYSIS/LINE EXTENSION/ADJUSTMENT - DATE: _____

NAME: _____ TOTAL DUE CITY TREASURER: \$ _____

TOTAL FEES: \$4,400.00 (3/4" water service and aerial electrical hook-up) OR \$4,600.00 (buried electrical hook-up) \$4,650.00 (1.0" water service and aerial electrical hook-up) OR \$4,850.00 (buried electrical hook-up)

SEWER:	\$ 1,600.00	POWER, single phase (Aerial)	\$1,400.00
WATER - 3/4" service:	1,200.00	single phase (Buried)	1,600.00
WATER - 1.0" service:	1,450.00	Utility Security Deposit (Refundable 2 yrs)	200.00

*Unforeseen problems with installation may increase cost of the regular installation. Any such problems will be discussed with applicant before proceeding.

Applicant _____ Date _____ Mayor _____ Date _____

Estimated cost of LINE EXTENSION/ADJUSTMENT FOR SEWER

Number of feet: _____ at \$ _____ per foot = \$ _____

Explanation/Description: _____

Applicant _____ Date _____ Mayor _____ Date _____

Estimated cost of LINE EXTENSION/ADJUSTMENT FOR WATER:

Number of feet: _____ at \$ _____ per foot = \$ _____

Explanation/Description: _____

Applicant _____ Date _____ Mayor _____ Date _____

Estimated cost of LINE EXTENSION/ADJUSTMENT FOR POWER:

Number of feet: _____ at \$ _____ per foot = \$ _____

Explanation/Description: _____

Applicant _____ Date _____ Mayor _____ Date _____