

# MIDWAY CITY

- Planning Office -

75 North 100 West  
Midway, Utah 84049

Phone: 435-654-3223 x105  
Fax: 435-654-2830  
mhenke@midwaycityut.org

## Annexation Agreement Amendment Application Fee: \$1,000 + \$100 per lot/unit + Professional Review Deposit: \$1,000

### Owner(s) of Record

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Applicant or Authorized representative

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Area Impacted by Proposed Amendment

Location: \_\_\_\_\_ Parcel Number(s): \_\_\_\_\_

Current Zoning Classification: \_\_\_\_\_ Proposed Zoning Classification: \_\_\_\_\_

Acreage: \_\_\_\_\_

Prior Approvals: \_\_\_\_\_

### Reason and Justification for the Amendment:

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### FOR OFFICE USE ONLY

**STAFF:**

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_

Application Number: \_\_\_\_\_  
Zone: \_\_\_\_\_  
Tax ID Number: \_\_\_\_\_

**PLANNER:**

Complete / Incomplete  
Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

**Our Vision for the City of Midway is to be a place where citizens, businesses, and civic leaders are partners in building a city that is family-oriented, aesthetically pleasing, safe, walkable and visitor friendly. A community that proudly enhances our small-town Swiss character and natural environment, as well as remaining fiscally responsible.**

**Please give us a detailed statement on how the proposal will help implement our vision. Visit our website to view our General Plan.**

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**Please read and sign before application submittal**

I declare under penalty of perjury that I am the owner or authorized agent of the property subject to this request and the foregoing statements, answers and attached documents are true and correct. As the applicant for this proposal, I understand that my application is not deemed complete until the Planning Office has reviewed the application. I further understand I will be notified when my application has been deemed complete. At that time I expect that my application will be processed within a reasonable time, considering the work load of the Planning Office.

**I fully understand that I am responsible for the payment of any back taxes and declare that I am responsible for all fees incurred.**

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: Your application cannot be processed until determined complete by the Planning Staff. An application shall be considered**

**complete when all applicable fees are paid (such as Midway Water Board, Midway Sanitation District, out-of-pocket expenses, etc.) and all items listed herewith are provided or considered not applicable by the Planning Office. All application fees are non-refundable.**