



**Community Development Department**  
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www.washingtoncity.org

# Zoning Ordinance Amendment

**FOR OFFICE USE ONLY**

Receipt # \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Date Received \_\_\_\_\_

**Applicant:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Please include with the application:**

1. A statement as to why the Zoning Ordinance should be amended and how the amendment will be consistent with the General Plan for Washington City.

**Filing Fee:** \$300.00

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_