

**GRANTSVILLE CITY  
SUBDIVISION AMENDMENT APPLICATION**

DATE PAID \_\_\_\_\_  
HEARING DATE \_\_\_\_\_

<b>FEES</b>  <b>\$200 PER PLAT + \$95 PER LOT</b>
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APPLICANT'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

APPLICANT'S PHONE \_\_\_\_\_

LOCATION & NAME OF SUBDIVISION \_\_\_\_\_

DO YOU OWN THE PROPERTY? \_\_\_\_\_

NUMBER OF ACRES INVOLVED \_\_\_\_\_

NUMBER OF LOTS INVOLVED \_\_\_\_\_

CURRENT ZONE OF PROPERTY \_\_\_\_\_

PURPOSE OF THE AMENDMENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

