

STAFF USE ONLY
GL: 10-3413-110 Dist. Code: 230
FEE: \$250 UP TO 20 LOTS; ADD'L LOTS \$10 EACH. MAXIMUM FEE \$500 OR ACTUAL COST OF NOTICING, WHICHEVER IS GREATER. (includes 2 reviews, add'l reviews \$250)



SARATOGA
SPRINGS
PLANNING

Applications submitted before 12:00 p.m. on Tuesday will be discussed at an internal Development Review Committee (DRC) meeting on the following Tuesday. First round of comments anticipated complete after 10 business days.

IADU MAP AMENDMENT APPLICATION

Applicant / Authorized Agent: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

SUBDIVISION PLAT NAME: _____

NUMBER OF LOTS WITHIN SUBDIVISION PLAT: _____

NUMBER OF LOTS WITH OWNERS SIGNING PETITION (REQUIRED ONLY IF NO HOA EXISTS): _____

BRIEF DESCRIPTION OF PROPOSED MAP AMENDMENT:

Application Process

IADU Map Amendments may be applied for in accordance with [Chapter 19.20.04 of the Land Development Code](#).

Review the relevant code and provide the items in the checklist(s) below.

Email the completed & signed application and all required application materials to Planning@SaratogaSprings-UT.gov. Questions may be directed to 801-766-9793 x155.

Review Fee: Application materials will be initially reviewed for completeness. When deemed complete, the application will be accepted and then the review/noticing fees can be paid by check or credit/debit card.

Checks can be delivered to:

City of Saratoga Springs
Attn: Planning Department
1307 N Commerce Dr., Suite 200
Saratoga Springs, UT, 84045

To pay by card, call 801-766-9793 x 155. Convenience fees may apply.

The application cannot be reviewed until the fees are received.

In an effort to provide the best service and most efficient review of your application, no Planning application will be accepted unless the application is determined to be complete, containing all items on the application checklist(s).

Applications will be routed for review the first business day after they are accepted. After being routed, most applications will receive a response within 10-12 business days. A Comment Review Meeting (CRM) may be requested after comments are sent to the applicant. Reviews for large projects or those with complex circumstances may require additional time; in these instances the City will notify the applicant of the extended review period.

Planning Checklist Items

Applicant	City	<p style="color: red; text-align: center;">Check or initial the applicable boxes to indicate the items have been included or the application will not be accepted.</p>
		<p>1. Copy of official, approved minutes of an HOA board meeting where a majority voted to support the request.</p> <p style="text-align: center;"><u>OR</u></p> <p>If no HOA exists, a signed petition or other document(s) of official certification representing at least sixty-six percent (66%) of the home owners in the neighborhood in support of the request. You may use copies of page 5 of this application to gather signatures.</p>
		<p>2. A report that identifies how the projected number of IADUs added to the neighborhood may impact density issues, traffic and infrastructure.</p>

Disclaimer: Please consult current ordinances, including State and City codes, and other legal precedents for applicable law. This application will be subject to any and all valid laws in place at the time a complete application meeting all city ordinances is submitted with all application fees paid.

APPLICANT ACKNOWLEDGMENT:

I hereby certify that I have read the information contained in this application form and that I have provided the required application materials.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

APPLICANT CERTIFICATION:

I certify under penalty of perjury that this application and all information submitted as a part of this application are true, complete and accurate to the best of my knowledge. I also certify that I am the owner of the subject property and that the authorized agent noted in this application has my consent to represent me with respect to this application. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that the City of Saratoga Springs may rescind any approval, or take any other legal or appropriate action. I also acknowledge that I have reviewed the applicable sections of the Saratoga Springs Land Development Code and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. Additionally, I agree to reimburse the City of Saratoga Springs all amounts incurred by the City in excess of the base fee required by the Consolidated Fee Schedule to review and process this submitted application and agree to comply with Resolution No. R 08-21 and R 11-22. I also agree to allow the Staff, Planning Commission, or City Council or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof.

Property Owner's Name: _____

Property Owner's Signature: _____ Date: _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

IADU Map Amendment Petition

In the absence of an HOA, this form may be used to collect evidence of support for allowing IADUs within the plat. Use additional copies of this page as needed.

SUBDIVISION PLAT NAME: _____

NUMBER OF LOTS WITHIN SUBDIVISION PLAT: _____

NUMBER OF LOTS WITH OWNERS SIGNING BELOW: _____

SIGNERS SUPPORT THE REQUEST TO ALLOW RENTAL OF INTERNAL ACCESSORY DWELLING UNITS IN THEIR SUBDIVISION PLAT. (ATTACH ADDITIONAL COPIES OF THIS PAGE IF ADDITIONAL SIGNATURES ARE NEEDED.)

1. ADDRESS IN SUBDIVISION: _____

PROPERTY OWNER'S NAME: _____ PHONE #: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

2. ADDRESS IN SUBDIVISION: _____

PROPERTY OWNER'S NAME: _____ PHONE #: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

3. ADDRESS IN SUBDIVISION: _____

PROPERTY OWNER'S NAME: _____ PHONE #: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

4. ADDRESS IN SUBDIVISION: _____

PROPERTY OWNER'S NAME: _____ PHONE #: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

5. ADDRESS IN SUBDIVISION: _____

PROPERTY OWNER'S NAME: _____ PHONE #: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____