



CHECKLIST AND REVIEW PROCEDURE FOR SPECIAL EXCEPTIONS

- **CRITERIA FOR APPROVAL**

1. The special exception is not detrimental to the public health, safety, and welfare.
2. The intent of the Development Code and General Plan will be met.
3. The applicant does not qualify for any other equitable processes provided through the provisions of the Code.
4. There are equitable claims or unique circumstances warranting the special exception.

- **SUBMISSION REQUIREMENTS**

- ***Application form:*** Completed and signed by the property owner(s).
- ***Approval of the property owner(s) if different from the applicant:*** The property owner(s) must sign the back of the application form, or submit a letter indicating their ownership and authorization for the submittal of the application.
- ***Fee:*** \$400.00
- ***An application for a Special Exception shall not be accepted as complete unless such application contains sufficient information in graphic and text form to adequately describe the applicant's objective. This may include, but is not limited to submittal of a site plan (drawn to scale) and architectural elevations (drawn to scale).***
- ***ADDITIONAL INFORMATION MAY BE REQUIRED.***

- **REVIEW PROCEDURE**

1. The planner will review the application and determine if the application complies with the "Criteria for Approval" of a Special Exception.
2. If applicable, the request will be sent to service providers for their review and comment. When their comments are received, the planner will contact the applicant to discuss their recommendations.
3. A public hearing will be scheduled before the County Council, which includes noticing all property owners within 1,000' of the subject parcel.
4. Following the public hearing, the County Council will approve, approve with conditions, or deny the application.



Community Development Department
P.O. Box 128
60 North Main Street
Coalville, Utah 84017
Phone: 435-615-3124
Fax: 435-615-3046
www.summitcounty.org

SPECIAL EXCEPTION APPLICATION FORM

Owner(s) of Record:

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Fax: _____

Authorized Representative to Whom All Correspondence is to be Sent:

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Fax: _____

Project Information:

Parcel #: _____ Subdivision Name: _____

Address: _____ Section: _____ Township: _____ Range: _____

Do you currently have constructions plans turned in for Building Permit review? YES (plan check #) _____ NO

Description of Special Exception Request (please attach additional materials if necessary):

FOR OFFICE USE ONLY

\$400.00

Snyderville Basin

Eastern Summit County

RECEIPT #: _____ DATE RECEIVED: _____ RECEIVED BY: _____

OWNER(S) ACKNOWLEDGEMENT

All application fees must be paid at time of application submittal. No application will be processed until all application fees are paid. Notification and publication fees for required public hearing notices (individual notices mailed to property owners - \$2.00 per notice; 14 day publication of legal notice in local newspaper - cost of notice) will be billed to applicant at the time a hearing is scheduled. Notification fees must be paid within 10 days of billing.

PLEASE NOTE REGARDING FEES; the payment of fees and /or the acceptance of such fees by County Staff does not constitute any sort of approvals, vesting, or signify that the application is complete or appropriate in any manner. The collection of fees is simply a requirement to begin the review process that will ultimately make such determinations.

I hereby declare under penalty of perjury that this application form, and all information submitted as part of this application form is true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application form be incorrect or untrue, I understand that Summit County may rescind any approval or sufficiency determination, or take other appropriate action.

Owner(s) Signature: _____ Date: _____