

**TOWN OF CLEARFIELD
ZONING APPLICATION FORM**

APPLICANT INFORMATION

Name _____

Address _____

Telephone _____ Fax _____

PROPERTY OWNER INFORMATION (if different from applicant)

Name _____

Address _____

Telephone _____ Fax _____

CONSULTANT(S) INFORMATION (Applicant's Architect, Engineer, Developer and Builder) Attach additional sheets if necessary.

Name _____

Address _____

Telephone _____ Fax _____

State License/Certification # _____ Expiration date _____

PROPERTY INFORMATION

Address _____

Tax Parcel # _____

ZONING APPLICATION (check the type(s) of application(s) you are submitting.)

Refer to Town of Clearfield Zoning Ordinance.25

Zoning Permit for:

- Conditional Use
- Variance
- Appeal of Zoning Decision and Ordinance Interpretation

CERTIFICATION BY APPLICANT AND PROPERTY OWNER

I(We) hereby certify that the above and foregoing information, including any information on attached forms, documents or drawings submitted here with, is true and correct. I (We) understand that the work proposed to be performed and the improvements proposed to be installed pursuant to this application, may not be commenced until an appropriate permit for such work and improvement has been issued by the Town. I (We) understand that all work performed and improvements installed pursuant to this application, must conform with all applicable Town Ordinances, State Building Codes, and the specific terms and conditions of the permit granted. I (We) understand that the submission of false or misleading information on this application, or on the forms, documents or drawings submitted herewith, shall justify rejection of this application by the Town, forfeiture of the fees paid herewith, and rejection of any future application to the Town for the project which is the subject of this application.

Signature of applicant

Date

Signature of property owner (If different from applicant)

Date

AGREEMENT REGARDING PAYMENT OF REIMBURSABLE COSTS

1. The undersigned acknowledge that he/she/they have read Zoning Ordinance 25 and understand that he/she/they are the “applicant” as referred to in said Ordinance, and do hereby agree to comply with said Ordinance.
2. The undersigned agree that the submittal of this application shall constitute an acknowledgement and agreement by the undersigned to pay the Reimbursable Costs referred to in Zoning Ordinance 25. These costs may include the cost of time spent by the Town Staff and the fees of engineers, architects, landscape architects, attorneys, accountants, or other professional consultants used to review and evaluate the application, and to meet with the applicant to review and evaluate the site plan, and to meet with the developer, to meet with the Zoning administrator, and to assist the Town in all aspects of review and action upon the development proposed by the site plan.
3. The undersigned agrees to pay these Reimbursable Costs as follows:
 - (a) In advance, such amounts as may be requested by the Town, and
 - (b) Within ten (10) days of receipt of a bill(s) from the Town, such additional amounts as may be requested by the Town.

In all cases, all Costs shall be fully paid **before** the Town grants final approval of any application or petition. The Town may delay acceptance, or may delay any required hearing or interim administrative action on an application or petition, until such time as such costs are paid.

Signature of Applicant

Date

Signature of Property Owner (if different from applicant)

Date

