



# UNIFIED DEVELOPMENT CODE TEXT AMENDMENT APPLICATION

\*\*\*All information must be filled out to be processed.

FILE NO.: \_\_\_\_\_  
 Date Application Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_  
 Processed by: City: \_\_\_\_\_

**Applicant Information:**

**PRIMARY CONTACT IS: Applicant \_\_\_ Owner \_\_\_ Representative \_\_\_**

Applicant Name: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Representative (e.g., architect, engineer, developer):  
 Contact: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

UDC Text Section Requested To Be Modified: \_\_\_\_\_

List Specific Text Number: \_\_\_\_\_

**Application Requirements:**

Applicant (√)	Description	Staff (√)
<input type="checkbox"/>	Pre-application meeting with Planning Department required before submittal of application.	<input type="checkbox"/>
<input type="checkbox"/>	Completed and signed Unified Development Code Text Amendment Application	<input type="checkbox"/>
<input type="checkbox"/>	Fee	<input type="checkbox"/>
<input type="checkbox"/>	Narrative explaining request for modification to the Unified Development Code. (must be signed by applicant)	<input type="checkbox"/>

\_\_\_\_\_  
Applicant/Representative Signature

\_\_\_\_\_  
Date

**\*\*NOTE:** All presentation boards, material boards, and documentation that are a part of the public hearing shall become property of the City of Star.