



## Planning and Development Services

### Zoning Request

P.O. Box 886  
Morgan City, UT 84050  
(801) 845-4059

Zoning request may require extensive research, please allow a 10-14 day processing period for all zoning requests. Requests will be reviewed and returned in the order that they are received. Anything marked with a \* is required before the request will be reviewed.

---

*Date	*Requestor's Name and Business Name
-------	-------------------------------------

---

Requestor's Business Telephone #	Requestor's Fax #	*Requestor's Business Email Address
----------------------------------	-------------------	-------------------------------------

---

Parcel ID#	*Parcel Serial#	*Lot Size
------------	-----------------	-----------

---

*Owner's Name/Trustee Name	*Subdivision (if applicable)
----------------------------	------------------------------

---

*Site Street Address	City/Area
----------------------	-----------

---

Additional information requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit button uses your default Mail Client.  
Email this form to [cdewert@morgan-county.net](mailto:cdewert@morgan-county.net)  
if this button fails to submit request.