



Municipal Boundary Line Adjustment

20 North Main Alpine, UT 84004 • 801-756-6347 (Phone) • 801-756-1189 (Fax) • www.alpineut.gov

The legislative body of Alpine City (City Council) and one or more other municipalities having common boundaries with Alpine City may adjust the common boundaries as provided in Section 10-2-419 of Utah Code.

Process outlined in code includes:

- Adoption of Resolution of Intent by all municipalities involved
- Public Hearing (no less than 60 days after adoption of each respective resolution)
- Public Noticing of Public Hearing for three (3) consecutive weeks in both a local newspaper and on the Utah Public Notice website
- Adoption of Ordinance by the legislative bodies of all municipalities involved

This document serves as official request for adjustment of municipal boundaries. Applicant(s) shall submit a valid site plan with application.

APPLICANT INFORMATION

Name _____ Phone _____

Address _____ Email _____

AFFECTED PROPERTIES				
Serial number	Property Address	Property Owner	Acreage of parcel in Alpine prior to adjustment	Acreage of parcel in Alpine after adjustment

SITE PLAN

Boundary line adjustment shall comply with Utah State Code. Applicant(s) shall submit a site plan which includes the following:

- Parcel(s) clearly outlined and shown in relation to neighboring properties
- Legal description of parcel(s) to change municipal jurisdiction
- Certificate of Survey
- This completed application, and payment of the associated fee in accordance with the actual cost of advertising in a local newspaper, once per week for three consecutive weeks.

Applicant signature _____ Date _____

Alpine City values your privacy. We collect only the information necessary to provide requested services. Refusal to provide this information may prevent us from fulfilling your request. Your data may be shared with authorized third parties. For more details, including where your data may be stored, visit <https://www.alpineut.gov/170/Recorder>.

FOR CITY USE ONLY

Resolution of Intent Adopted _____

Public Hearing Held _____

Actual Cost of Noticing (_____)

Amount Paid (_____)

Date Fee Paid / Payment Type _____ Receipt # _____

Date of Ordinance _____