

Appeal No. _____

**UTAH COUNTY
BOARD OF ADJUSTMENT**

APPLICATION FOR AN ALLEGED ERROR

(Application Fee is Non-refundable)

Section _____ Township _____ Range _____ Date Received: _____

Tax No. _____ Zone _____ Received By: _____

Hearing Date: _____ Fee Paid: _____ Receipt # _____

County Address: _____

Applicant's Name: _____ Phone: _____

Mailing Address: _____ FAX: _____

E-Mail Address: _____

Property Owner's Name (if different from applicant): _____

As part of the application, the applicant is required to submit:

1. A plot plan which shows the boundaries of the appellant's property (or the property to which the contested zoning decision pertains if someone, who is an aggrieved party, other than the property owners is filing the appeal) and the location of the existing and proposed buildings and land uses within those boundaries plus buildings on adjoining lots which are within 200 feet of such boundary, when the appeal deals with an administrative decision which involves a specific parcel of land.
2. A list of names and addresses of all property owners of property abutting any lot which is the subject of this appeal.

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED!

2. Did a zoning official or agency of Utah County make a ruling or an interpretation of the land use ordinance or map which is erroneous in your view? _____ Yes _____ No
- a. If yes, identify the official or agency: _____
- b. If yes, state the interpretation given (attach photocopies of the document containing the ruling or interpretation allegedly made in error) _____

- c. State specifically what the error was in your view and what grounds you have for claiming an error was made _____

- d. Cite any ordinance sections which support your viewpoint and tell how they apply: _____

3. Did you, the appellant, file a written claim of error and request a response from the Zoning Administrator or other party making the contested decision within the required time frame? _____ Yes _____ No. If yes, state the response given and attach copies of your written claim and any written response given.

4. Are you, the appellant, a party which was adversely affected by the subject decision allegedly made in error? _____ Yes _____ No. If yes, state how you were so affected. _____

5. Was the ruling or interpretation in question one which was made in applying the land use ordinance, rather than some other county law, office policy, personnel matter, or other decision beyond the purview of the land use ordinance? _____ Yes _____ No. If yes, explain how it is tied to the land use ordinance.

6. Was the decision being contested a decision made by the County Commission in enacting or amending the land use ordinance or other legislative zoning decision? _____ Yes _____ No. (If yes, the Board of Adjustment is not empowered to act in the matter.)
7. Was the decision or interpretation that is the subject of this appeal made within the past 45 days? _____

Yes _____ No. State the Date: _____

8. If your appeal is granted, would the land use allowed as a result of the Board's action be one which is listed as permitted in the zone? _____ Yes _____ No. If yes, state ordinance section where listed: _____ and describe the use: _____

9. If your appeal is granted, would the land use allowed as a result of the Board's action be one which complies with all the supplementary regulations of the land use ordinance? _____ Yes _____ No. If yes, explain how: _____

10. If your appeal is granted, would the land use allowed as a result of the Board's action be one which is consistent with the expressed characteristics and purposes of the zone where it is located? _____ Yes _____ No. Explain why: _____

11. If your appeal is granted, would the land use allowed as a result of the Board's action be one which is similar in function, service, traffic, safety, and pollution potential when compared to other uses permitted in the zone? _____ Yes _____ No. Explain why: _____

12. Please state any other details about this appeal which you feel are pertinent: _____

13. To the best of my knowledge, the above information is accurate and complete.

Signature of Applicant

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED!

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Approved as to Form:

David O. Leavitt, County Attorney

By: _____ /S/ _____