

Appeal # \_\_\_\_\_

**UTAH COUNTY**  
**BOARD OF ADJUSTMENT APPLICATION FOR A CONDITIONAL USE**  
(Application Fee is Non-refundable)

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Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Date Received: \_\_\_\_\_

Tax No. \_\_\_\_\_ Zone: \_\_\_\_\_ Received By: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_

County Address: \_\_\_\_\_

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Applicant=s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Property Owner=s Name (if different from applicant): \_\_\_\_\_

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

A plot plan which shows the property boundaries, and the location of existing and proposed buildings and land uses within those boundaries, and buildings on adjoining lots which are within 200 feet of applicant's property line; a landscape and improvements plan when the application is for a moved building; and additional information.

A list of names and addresses of all abutting property owners. \_\_\_\_\_

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**AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED!**

- a. State the conditional use desired:

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- b. Is the conditional use you are requesting one which the Board of Adjustment is specifically empowered to grant? \_\_\_\_\_ Yes \_\_\_\_\_ No

- c. If yes, state the section in the ordinance which allows the Board to approve the conditional use applied for: \_\_\_\_\_

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- d. State how the land is being used at the present time and what changes are proposed by this appeal: \_\_\_\_\_

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1. Will granting this appeal degrade the public health, safety, or welfare? \_\_\_\_\_ Yes \_\_\_\_\_ No. If no, explain how:

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2. Does this appeal conform to the Acharacteristics and purposes stated for the zoning district involved and the adopted county master plan? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain how: \_\_\_\_\_

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3. Is this appeal compatible with the public interest and with the characteristics of the surrounding area? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain how:

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4. Will granting this appeal adversely affect local property values? \_\_\_\_\_ Yes \_\_\_\_\_ No. Explain why: \_\_\_\_\_

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5. Are all the standards stated in Chapter 4, 6 and 8 (Supplementary Regulations) and Chapter 10 (Regulations Within Zones) of the Utah County Land Use Ordinance met by this appeal? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, state number \_\_\_\_\_ and explain how standard was met: \_\_\_\_\_

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6. Will granting this appeal result in a situation which is cost ineffective, administratively infeasible, or unduly

difficult for the provision of any of the following essential services: roads and access for emergency vehicles and residents; fire protection; police protection; schools and school busing; water, sewer, and storm water facilities; and garbage removal? \_\_\_\_\_ Yes \_\_\_\_\_ No. Explain why: \_\_\_\_\_

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7. What mitigation measures or conditions of approval by the Board do you propose to lessen the impacts and work out an adjustment between this conditional use and the surrounding area (such as parking; traffic acceleration lanes; on-site storm water retention facilities; special security or fire protection facilities; water, sewer, and garbage facilities; landscape screen to protect neighboring properties; requirement for the management and maintenance of the facilities; limited hours of operation; limited use of equipment emanating offensive noise, light, dust, or traffic; or other measures)?

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8. State any other details about this appeal which you want the Board to be aware of: \_\_\_\_\_

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

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Signature of Applicant

**AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED!**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Approved as to Form:

Jeffrey S Gray, County Attorney

By: \_\_\_\_\_ /S/