UTAH COUNTY
BOARD OF ADJUSTMENT

APPLICATION FOR A VARIANCE

(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 property boundaries and the location of existing and proposed buildings and land used within those boundaries, and buildings on adjoining lots which are within 200 feet of applicant's property line.

2. A list of names and addresses of all abutting property owners.

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED!

1. Is the variance requested one which the Board of Adjustment is empowered to grant? _______Yes_______No

a. If yes, check which type:

☐ Reduction in width
☐ Reduction in area
☐ Reduction inside yard distance
☐ Reduction in front setback
☐ Reduction in rear setback
☐ Other (state type) __________________________

Note: Changes in use cannot be authorized by variance proceedings.
b. State the section of the ordinance where the requirement you want varied is found: ______________________
________________________________________________________


c. State the details of the variance, including the amount of variance requested, the present land use, the changes in land use if the variance is granted, and any other factors involved: ______________________
________________________________________________________
________________________________________________________
________________________________________________________

2. Are you, the applicant, the owner, lessee, or holder of some other beneficial interest in the subject property? _______ Yes _______ No. If yes, state the specific interest you have. ________________________________
________________________________________________________
________________________________________________________

3. Will the literal enforcement of the width, area, side yard, or setback requirement of the ordinance produce needless hardships? _______ Yes _______ No. If yes, explain:
________________________________________________________
________________________________________________________
________________________________________________________

4. Have you been denied a building permit, zoning clearance or zoning compliance permit for the subject use and property? _______ Yes _______ No. If yes, state the date of denial ___________________ and attach a photocopy of the document denying the permit or clearance.

5. Is the hardship located on or associated with the circumstances of the property itself, (such as difficulties with width, area, shape, topography, or geographic setting) but not associated with a personal or financial problem unrelated to the real estate? _______ Yes _______ No. If yes, explain:______________________________
________________________________________________________
________________________________________________________

6. Is the lot's topography, geographic setting, or other site characteristics peculiar, rather than a condition general to the neighborhood? _______ Yes _______ No. If yes, explain how: ________________________________
________________________________________________________
________________________________________________________

7. Were the difficulties and hardships that pertain to the property's width, area, shape, etc., created by an act of the appellant or other party after the effective date of the ordinance? _______ Yes _______ No. If no, explain why: ________________________________
________________________________________________________
________________________________________________________

8. Is the use (house, barn, gravel pit, etc.) which will be allowed if the variance is granted one which is specifically permitted in the zone? _______ Yes _______ No. If yes, state section number ___________________ and describe the use ________________________________
________________________________________________________
9. Will granting the variance be compatible with the express purposes and spirit of the land use ordinance and assure that substantial justice is done? ______ Yes ______ No. If yes, explain how:
________________________________________________________________________________________
________________________________________________________________________________________

10. Will granting this appeal run contrary to public health, safety, and welfare or be contrary to the general plan? ______ Yes ______ No. If no, explain how:
________________________________________________________________________________________
________________________________________________________________________________________

11. Will granting the variance constitute a special grant of privilege not enjoyed by other properties in the zone? ______ Yes ______ No. If no, explain why:
________________________________________________________________________________________
________________________________________________________________________________________

12. Is granting the variance necessary to preserve the substantial property rights of the applicant? ______ Yes ______ No. If yes, explain why:
________________________________________________________________________________________
________________________________________________________________________________________

13. Will this variance be the minimum amount in order to give the necessary relief required? ______ Yes. ______ No. If yes, explain why:
________________________________________________________________________________________
________________________________________________________________________________________

14. State any other details about this appeal which you want the Board to be aware of:
________________________________________________________________________________________
________________________________________________________________________________________

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

________________________________________
Signature of Applicant

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(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Approved as to Form:
David O, Leavitt, County Attorney

By: __________________________ /S/ __________________________