

**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/ _____