



**BOARD OF ADJUSTMENTS**  
**Application for Appeal Request**

**ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED IN FULL BEFORE ANY ACTION WILL BE TAKEN.**

**APPLICANT'S NAME** \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_  
**PHONE** \_\_\_\_\_ **DATE SUBMITTED** \_\_\_\_\_  
**ADDRESS OF SITE BEING CONSIDERED** \_\_\_\_\_

**FEE SCHEDULE**

**\$300.00 FOR APPLICATION (Requesting a decision from the Board of Adjustments.)**

**Receipt #** \_\_\_\_\_

**THIS APPEAL REQUESTS A HEARING TO DECIDE APPEAL WHERE IT IS ALLEGED BY APPELLANT THAT THERE IS ANY ERROR IN ANY ORDER, REQUIREMENT, DECISION, OR REFUSAL IN ENFORCING OF THE ZONING ORDINANCE.**

- There was an error in the order.
- There was an error in the requirements.
- There was an error in the determination.
- There was an error in the decision.

**1. CLARIFY YOUR CHOICE OF APPEAL MADE ABOVE. STATE THE FACTS FULLY, USE ADDITIONAL SHEETS IF NECESSARY.**

**I, AS AN APPLICANT TO THE BOARD OF ADJUSTMENT OF UINTAH COUNTY, UTAH, DO HEREBY CERTIFY THAT ALL INFORMATION LISTED ON THIS APPLICATION IS TRUE AND DO HEREBY ACKNOWLEDGE THAT ANY MISREPRESENTATION WILL RESULT IN THE REVOCATION OF ANY APPEAL GRANTED.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**