



BOARD OF ADJUSTMENTS
Application for Appeal Request
Fee \$100.00

Uintah County code chapter 17.13 Appeal Authorities and Procedures

DATE: _____ RECEIPT # _____

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

ADDRESS OF PROPERTY BEING CONSIDERED: _____

TAX ID # _____

PHONE: _____ EMAIL: _____

THIS APPEAL REQUESTS A HEARING TO DECIDE APPEAL WHERE IT IS ALLEGED BY APPELLANT THAT THERE IS AN 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.

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

I 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