



Planning Services

3330 South 1300 East • Millcreek, Utah 84106

Phone: (801) 214-2750

Millcreek.us

File # _____

Variance/Appeal Hearing Application before the Appeal Authority

Zone: _____ **Community Council:** _____ **Planner:** _____
Parent File #: _____ **Date:** _____

Name(s): _____
Address per tax rolls: _____
City/County: _____ **State:** _____ **Zip:** _____
Office/home phone: _____ **Fax:** _____
Mobile phone: _____ **Message phone:** _____
Email address: _____

Application is made for:

**Variance from the terms of the zoning ordinance
(See Section A, Page 2)**

**Appeal of an administrative decision in interpretation of the zoning ordinance
(See Section B, Page 3)**

3. How would the granting of a variance be essential to the enjoyment of a substantial property right possessed by other property in the same land use zone?

4. How will this variance affect the General Plan for Millcreek City?

5. How will the spirit of the land use ordinance be observed and substantial justice done?

SIGNATURE – SECTION A ONLY

DATE

Section B Appeal of an administrative determination in applying the zoning ordinance

10-9a-703. Appealing a land use authority's decision.

The applicant, a board or officer of the county, or any person adversely affected by the land use authority's decision administering or interpreting a land use ordinance may, within the time period provided by ordinance, appeal that decision to the appeal authority by alleging that there is error in any order, requirement, decision, or determination made by the land use authority in the administration or interpretation of the land use ordinance.

Date of decision: _____

What determination was made?

(Include copies of any paperwork that you have received indicating this determination)

Name of board or official making that determination:

State the reason you feel that this determination is in error:

(Use additional paper and attach it to back of this application if more space is needed)

SIGNATURE – SECTION B ONLY

DATE

(For Office Use only)

Date received in Community Development Office: _____

Fee Paid: \$ _____

Received by: _____ Hearing Date : _____

Number assigned for reference: _____

Date Appeal authority made decision: _____

Decision of the Appeal Authority: _____

Date decision is mailed to applicant: _____

APPLICANT'S NAME:

First: _____ **Last:** _____ **Initial:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Email:** _____

Property Owner(s):

First: _____ **Last:** _____ **Initial:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Email:** _____

Professional(s): **Engineer** **Architect** **Other**

Company: _____ **Contact:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone:** _____

Cell: _____ **Email:** _____

**NOTE: all correspondence will be sent to the applicant's address:*

To facilitate the land use notice and review process, the undersigned hereby authorize the City to reproduce this application and all documents attached to the application for staff, officials, and the interested public:

Applicant's Signature: _____ **Date** _____