



## APPLICATION TO THE BOARD OF ADJUSTMENT

For Office Use Only

File #: \_\_\_\_\_ Application Date: \_\_\_\_\_ Project Name: \_\_\_\_\_

Fee: \$200 Date Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Name \_\_\_\_\_ Authorized Agent (if applicable) \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address of Proposed Adjustment/Appeal \_\_\_\_\_

Zoning District \_\_\_\_\_

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### TYPE OF REQUEST

The Board of Adjustment may only consider the five types of cases stated below. Please acquaint your self with these provisions and ***put a check by the provision under which you are making this request.***

- (1) \_\_\_\_\_ Appeal from final administrative decision of the Zoning Administrator applying the provisions of The Development Code;
- (2) \_\_\_\_\_ Variance from the terms of the Development Code with a finding of unreasonable hardship as allowed by Chapter 25 of the Development Code (see Additional Information on Variances below for specific provisions);
- (3) \_\_\_\_\_ Interpretation of a zoning district boundary line as allowed by Section 02-020 of the Development Code;
- (4) \_\_\_\_\_ Appeal from Planning Commission decision concerning a Conditional Use permit;
- (5) \_\_\_\_\_ Issuance of a building permit authorizing the reconstruction, remodeling, expansion or enlargement of a nonconforming building or structure;

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### APPLICATION REQUIREMENTS

- (1) \_\_\_\_\_ Attach a plot plan where appropriate showing the location of the existing buildings on the lot and the existing buildings on the adjoining lots, if any.
- (2) \_\_\_\_\_ Please provide a written description of your request in the area provided on the next page of the application. Use additional sheets if necessary. For Variances, indicate what you interpret the hardship of the lot to be.



**APPLICANT(S)/OWNERS(S) CERTIFICATION**

I (we) certify under penalty of perjury that this application and all information submitted as a part of this application is true, complete and accurate to the best of my knowledge. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I (we) understand that Lehi City may rescind any approval, or take any other legal or appropriate action. I (we) also acknowledge that I (we) have reviewed the applicable sections of the Lehi City Development Code and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. I (we) also agree to allow the Staff, Planning Commission, or City Council or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If more than one owner is involved, please include the signatures of each owner

Name \_\_\_\_\_ Phone \_\_\_\_\_ TaxID/Parcel#(s) \_\_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ TaxID/Parcel#(s) \_\_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

Each owner and signer for himself says: I have personally signed this application; I am aware of the proposed change and understand the terms and conditions of this application; I am an owner of a portion of the property above mentioned and located at or near Lehi, Utah County, State of Utah, and my post office address is correctly written after my name.

(Attach additional sheets as necessary)

**ACTION BY THE BOARD OF ADJUSTMENT**

The Board of Adjustment may approve, deny in whole or in part, or may attach conditions to the grant of the appeal.

1. The Board of Adjustment determines that the matters presented in the appeal are within its powers to review as set forth in paragraph \_\_\_\_\_ of the zoning ordinance, and does hereby make the following determination with respect thereto.
2. The Board of Adjustment determines that the request presented in this appeal is not within its authority to grant. This request is therefore denied.

Public Hearing Date:

THOSE VOTING YES

THOSE VOTING NO

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Absent \_\_\_\_\_

Board of Adjustment Secretary

Date