APPLICATION FOR APPEAL

Appealing a decision from the Zoning Administrator, Development Review Committee, or Planning Commission

For Office Use Only

Date Received:_____________________________  Hearing Date: __________________________

Fee: $0

Name____________________________________  Authorized Agent (if applicable)___________________________________

Phone # (        )____________________  Fax # (        ) _____________________  Cell # (        ) ____________________

Email: _______________________________________________________________________________

Mailing Address______________________________________________

Address of Proposed Appeal: ____________________________________________

Zoning District______________________________________________

TYPE OF APPEAL

Please put a check by the provision under which you are making this request.

☐ Appeal from final an administrative decision of the Zoning Administrator applying the provisions of the Lehi City Development Code;

☐ Appeal from final an administrative decision of the Development Review Committee applying the provisions of the Lehi City Development Code;

☐ Appeal from a Planning Commission decision;

APPLICATION REQUIREMENTS

All appeals must be filed with the appellate body within thirty (30) days of the date of the decision.

Provide a written narrative specifying the nature of the appeal.

Provide supporting documentation, maps, pictures, studies or any other information that would allow the appellate body to make a well-informed decision (optional).

APPLICANT(S)/OWNERS(S) CERTIFICATION

I declare that the information set forth herein (or attached) is true and correct to the best of my knowledge and belief.

Applicant’s Signature________________________________________________________ Date________________