



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 _____