



Variance/Appeal of Decision Application

Required to go before the Appeal Authority

Fee \$250.00

Property information and location (All lines applicable to this site must be filled in)

Parcel # _____ Address: _____

Subdivision Name: _____ Lot # _____

(For office use only)

SPE #: _____ Case #(if provided): _____ Fee \$250.00 Receipt #: _____

Date received by Community Development: _____ Received by: _____

Hearing Date: _____ Date decision is mailed to applicant: _____

Application Determination:

Appeal Authority decision:

Accepted ☐ Denied ☐ Conditions imposed? Yes ☐ No ☐ Date: _____

Property Owner(s) Information

Name(s): _____

Address per tax rolls: _____

City/County: _____ State: _____ Zip: _____

Office/home phone: _____ Fax: _____

Mobile phone: _____ Message phone: _____

Email address: _____

Person(s) Adversely Affected Information

Name(s): _____

Address per tax rolls: _____

City/County: _____ State: _____ Zip: _____

Office/home phone: _____ Fax: _____

Mobile phone: _____ Message phone: _____

Email address: _____

☐ 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).

Section A Application for a variance from the terms of the zoning ordinance

Any person or entity desiring a waiver or modification of the requirements of a land use ordinance as applied to a parcel of property that he owns, leases, or in which he holds some other beneficial interest may apply to the applicable appeal authority for a variance from the terms of the ordinance. These conditions are set forth in the following five questions:

1. State how the literal enforcement of the zoning ordinance would cause an unreasonable hardship that is not necessary to carry out the general purpose of the land use ordinance. (NOTE: A hardship must be associated with the property for which the variance is sought, comes from circumstances peculiar to the property, not from conditions that are general to the neighborhood, and cannot be self-imposed or economic, 17-27a-702(b) _____

2. What special circumstances are attached to the property that does not generally apply to other properties in the same land use zone?

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 Tooele County? _____

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

Include a copy of the survey, concept plan, and/or site plan that shows the configuration of land and the number of acres in each lot to include those acres that are segregated by the road.

ADDITIONAL INFORMATION OR SUBMITTALS MAY BE REQUIRED

I (We) understand that the Appeal Authority may or may not adopt such changes listed. The fees associated with this application will not be refunded or returned once the notice of this application is submitted to the appeal authority. I (We) will attend the hearing date provided in this application. If a non-appearance to this hearing occurs the application and variance will be denied and the right to appeal will be forfeited.

PROPERTY OWNER'S SIGNATURE

DATE

PERSONS ADVERSELY AFFECTED'S SIGNATURE

DATE

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

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 that made 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.

ADDITIONAL INFORMATION OR SUBMITTALS MAY BE REQUIRED

I (We) understand that the Appeal Authority may or may not adopt such changes listed. The fees associated with this application will not be refunded or returned once the notice of this application is submitted to the appeal authority. I (We) will attend the hearing date provided in this application. If a non-appearance to this hearing occurs the application and variance will be denied and the right to appeal will be forfeited.

PROPERTY OWNER'S SIGNATURE

DATE

PERSONS ADVERSELY AFFECTED'S SIGNATURE

DATE

AFFIDAVIT

PROPERTY OWNER'S AUTHORIZATION

I (we), _____ the owner(s) of the real property located as follows: _____ and further described in the attached application, do authorize the applicant(s) listed in this application permissions to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the County considering this application and to act in all respects as our agent in matters pertaining to the attached application.

(Property owner)

(Property owner)

(Property owner)

(Property owner)

Notary

STATE OF UTAH)

:ss

County of Tooele)

Dated this _____ day of _____, 20 _____, the property owners above personally appeared before me and acknowledged that he/she signed the above Notice and that the statements contained therein are true.

My Commission Expires

Notary Public