



Appeal Authority Application

***All sections of this application must be complete and fees paid upon submittal or application will be deemed incomplete.**

Address of Property: _____ Tax ID/Parcel Number: _____

Name(s) of Applicant(s) or Authorized Agent(s): _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Name(s) of Property Owner(s) (if other than applicant): _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Application is hereby made to the Brigham City Appeal Authority requesting the approval of the following:

- Appeal from the Zoning Administrator's decision applying the Zoning Ordinance (Provide written documentation supporting request)
- Special exception to the terms of the Zoning Ordinance (Provide written documentation supporting request)
- Non-conforming Use
- Variance from the terms of the Zoning Ordinance (Provide written documentation supporting request which incorporates 1-5 below)
 1. Literal enforcement of the Zoning Ordinance would cause an unreasonable hardship for the applicant that is not necessary to carry out the general purpose of the Zoning Ordinance.
 2. There are special circumstances attached to the property that do not generally apply to other properties in the same district.
 3. Granting the variance is essential to the enjoyment of a substantial property right possessed by other property owners in the same district.
 4. The variance will not substantially affect the General Plan and will not be contrary to the public interest.
 5. The spirit of the Zoning Ordinance is observed and substantial justice done.

Applicant Certification:

I 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. I also acknowledge that I have reviewed the Brigham City Code regarding this application 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 agree also to comply with any and all applicable City Ordinances in effect at this time. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Brigham City may rescind any approval, or take any other legal or appropriate action. I also agree to allow the Staff or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof. I also understand the property owner or the authorized agent will be billed for engineering fees in excess of one hour and will be responsible for repayment of those fees.

Signature: _____ Date: _____

Please note: Attendance at Appeal Authority meeting is required by the applicant or a representative. It is the applicant's responsibility to call for meeting dates and times.

Office Use Only

		A.A.	Staff
Application # _____	<input type="checkbox"/> Appeal	<input type="checkbox"/> \$100.00 ^c	
Date Received _____	<input type="checkbox"/> Variance	<input type="checkbox"/> \$250.00 ^c	
AA Mtg Date _____	<input type="checkbox"/> Special Exception	<input type="checkbox"/> \$250.00 ^c	<input type="checkbox"/> \$50.00
Receipt # _____	<input type="checkbox"/> Non-conforming Use	<input type="checkbox"/> \$250.00 ^c	<input type="checkbox"/> \$50.00
	Total	\$ _____	\$ _____

^a This fee includes 1-hour of Engineer fees (no refund for projects taking less than 1-hour).
^b Engineering fees in excess of 1-hour will be reimbursed by the applicant monthly to the City for the actual cost. A financial guarantee shall be made to the City through a cash deposit in the amount of \$500 due at the time of application. Upon final completion of the project, this guarantee will be refunded to the applicant upon final approval of the City and payment of the final engineering bill.
^c Applicable Engineering fees in excess of 1-hour will be reimbursed by the applicant monthly to the City for the actual cost.

AFFADAVIT

PROPERTY OWNER

* IMPORTANT - ALL property owners of record MUST sign this form – use additional forms as necessary

I, (we) _____, declare that I, (we) am (are) the owner(s)* of the property identified in the attached application.

*May be owner of record, contract owner, party to valid real estate purchase contract, party to valid earnest money agreement, option holder or have other legal control of property.

(Property Owner)

(Property Owner)

STATE OF UTAH)
 §
COUNTY OF _____)

On _____, 20____, _____ personally appeared before me,

_____ who is personally known to me
_____ whose identity I proved on the basis of _____
_____ whose identity I proved on the oath/affirmation of _____,
a credible witness

the signer of the above document, and he/she acknowledged that he/she signed it.

Notary Public