



Town of Apple Valley
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APPLICATION TO APPEAR BEFORE THE BOARD OF APPEALS

Date of Request to Appear before the Board of Appeals _____

Paperwork returned by _____

Name of Applicant: _____

Topic: _____

Mailing Address: _____

Phone: _____

Purpose of Request: _____

Applicant Signature

Note: Final approval of this application is subject to all necessary paperwork being submitted. Applications requiring a public hearing may have other requirements which must be completed prior to placement on an agenda. All applications must be submitted no later than 5:00 p.m. on Thursday, one week prior to a meeting being scheduled. Once all materials have been received, the Chairman of the Board of Appeals will schedule a meeting. All plats, drawings, or other visual material must be submitted in a format viewable by public attending the meeting, as well as an email in PDF format for reproduction to meet notice requirements.

_____/_____
Chairman of Board of Appeals Date

_____/_____
City Administration Date