



MIDVALE CITY

Department of Community Development
7505 South Holden Street, Midvale City, Utah 84047
Phone: 801.567.7231 * midvalecity.org

APPEAL APPLICATION

Appellant Information

Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone: _____ Fax: _____

Email: _____

For Office Use Only

Project #: _____

Fee: _____

Date Accepted: _____

Planner: _____

Hearing Date

Application Information

All City decisions that interpret or administer the Zoning Ordinance may be appealed to the City's Appeal Authority within ten (10) days of a final action. Appellant must have standing to challenge a decision or interpretation per Section 17-3-14 of the Midvale Municipal Code. *

Application Fees

\$325

Items to be Submitted

The following items must be submitted with the application. Incomplete applications will not be accepted.

- Completed application form and fee.
- Letter or petition describing the appeal, including property information if applicable.
- Comprehensive statement explaining why the administration or interpretation of the applicable ordinance was incorrect; including the specific provisions of law that are alleged to be violated by the decision.
- Statement regarding appellant's relationship to the project, property or decision, i.e. standing.

Authorized Signature

I certify that the submitted information is true and correct to the best of my knowledge. I am aware that only complete applications will be accepted for processing.

Authorized Signature: _____ Date: _____

NOTE The final action of the appeal authority may be appealed to a court of competent jurisdiction within 30 days of the appeal authority's written decision.

AFFIDAVIT

APPELLANT

STATE OF UTAH }
 }SS
COUNTY OF SALT LAKE }

I (we), _____, being duly sworn, depose and say that I (we) have standing per Section 17-3-14 of the Midvale Municipal Code to submit the attached appeal application, and that the statements herein contained and the information provided in the attached documents and exhibits are in all respects true and correct to the best of my (our) knowledge. I (we) also acknowledge that I (we) have received written instructions regarding the process for which I (we) am (are) applying and the Midvale City Planning Staff have indicated they are available to assist me (us) in making this application.

(Appellant)

(Appellant)

Subscribed and sworn to me this _____ day of _____, _____.

(Notary)
Residing in Salt Lake County, Utah
My commission expires: _____

AGENT AUTHORIZATION

I (we), _____, the appellant(s) described in the attached application, do authorize as my (our) agent(s) _____, to represent me (us) regarding the attached application and to appear on my (our) behalf before the appeal authority considering this application and to act in all respects as our agent in matters pertaining to the attached application.

(Appellant)

(Appellant)

Dated this _____ day of _____, _____, personally appeared before me _____, the signer(s) of the above agent authorization who duly acknowledged to me that they executed the same.

(Notary)
Residing in Salt Lake County, Utah
My commission expires: _____