APPEAL APPLICATION

Appellant Information

Name: 

Business Name (if applicable): 

Mailing Address: 

City, State, Zip: 

Daytime Phone: Fax: 

Email: 

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

- 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

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: __________________________