

SYRACUSE CITY CORPORATION

1979 West 1900 South

Syracuse, UT 84075

Phone: (801) 614-9626 Fax: (801) 614-9626



APPLICATION TO APPEAR BEFORE THE BOARD OF ADJUSTMENT

Name of Applicant/Organization _____

Representative _____ Phone No. _____

Fax No. or Email Address _____

Subject Property Address _____

Mailing Address (If different from above) _____

Size of lot or parcel _____ acres Zone _____ Square footage of structure _____

Purpose for application:

_____ Interpretation of the Zoning Ordinance or zone boundary line

_____ Variance to Ordinance requirements

_____ Special exception

_____ Appeal an order, requirement, decision, or determination made by an administrative official

Detailed description of request and impact on adjacent land uses (attach site plan) _____

I believe this requested variance or exception will not substantially affect the comprehensive Syracuse zoning plan and that strict adherence of City Ordinances would cause unnecessary difficulties and hardships on me. I also believe my circumstances with regard to my property are special and do not generally apply to other properties in the same district, depriving me of the same privileges and enjoyment of a substantial property right possessed by other properties in the same district.

I certify that approval of this request will fit the goals of the community's General Plan and impose no insatiable demands for public services. I also understand approval shall not relieve me of the responsibility to comply with all other applicable zoning, health, building, or fire regulations.

Applicant's Signature

Land Owner's Signature

Date

Permit Fee \$200 Paid _____ Board of Adjustment Review Date _____

Decision _____
