APPEAL OF ADMINISTRATIVE DECISION
APPLICATION CHECKLIST

2222 West 14400 South, Bluffdale, UT 84065
801.254.2200 – www.bluffdale.gov

BLUFFDALE
EST. 1848

Please review Section 11-30-040 of the Bluffdale City Code available at www.bluffdale.gov before completing this application. Below is a list of information that is required to be submitted with the application. **If any of the required information is not submitted, the application will be considered incomplete and cannot be accepted.** Once the application has been reviewed by Bluffdale City staff, the applicant will be informed of the next available meeting date when the item can be addressed by the Hearing Officer.

Application Fee: **$1000 deposit; actual cost of hearing officer's time based on contract with City. See Consolidated Fee Schedule 5.1.110.**

Staff will review the application and check for completeness before accepting any application. As part of the application, please provide the following:

- ☐ Application Form
- ☐ Appeal Requirements: Provide appropriate information about the decision or determination by the City or a City official being appealed.

Other information may be submitted or required with this application which may aid the Hearing Officer in making an informed decision.

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APPLICATION

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PLEASE NOTE: This application has an accompanying checklist which specifies the information required in order for your application to be processed. Before submitting the application, please review the checklist and have all the required information. **Incomplete applications will not be accepted.**

The following must be submitted with this application:

- □ All information indicated in the attached checklist.
- □ Application Deposit: **$1000**

Date of Application:					
Subject Property Address:					
Parcel #:			Acreage:		Zone:
Description of Request: (Use additional sheets if needed.)					
Applicant(s):			Contact Person:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone Number:			Phone Number:		
Email:			Email:		
Property Owner(s):					
Address:			City:	State:	Zip:
Phone Number:			Email:		

FOR OFFICE USE ONLY		
Application fee: **$1000**	Received date:	Received by:
	Amount received:	Receipt #:
TOTAL: _____	File #:	
	Assigned to:	

AFFIDAVIT
PROPERTY OWNER

STATE OF UTAH)
) ss
COUNTY OF SALT LAKE)

I (we), _____, being duly sworn, depose and say that I (we) am (are) the owner(s) of the property identified in the attached application and that the statement therein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge. I also acknowledge I have received written instructions regarding the process for which I am applying.

_____ (Property Owner)

_____ (Property Owner)

Subscribed and sworn to me this _____ day of _____, 20_____.

_____
(Notary)
Residing in Salt Lake County, Utah

AGENT AUTHORIZATION

I (we), _____, the owner(s) of the real property described in the attached application, do authorized as my (our) agent(s) _____ to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the City considering this application, and to act in all respects as our agent in matters pertaining to the attached application.

_____ (Property Owner)

_____ (Property Owner)

Dated this _____ day of _____, 20_____, personally appeared before me

_____, the signer(s) of the above agent authorization who duly acknowledge to me that they executed the same.

_____
(Notary)
Residing in Salt Lake County, Utah