



ADMINISTRATIVE HEARING OFFICER APPLICATION

4150 S 3900 W
West Haven, UT 8440
801-731-4519

Owners Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Agents Name – All information will be sent to the Agent (Note when info. Is same as above)

_____ **Phone:** _____ **Fax:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

.....
Property Address: _____

I am requesting a variance for:

- | | |
|--|--|
| <input type="checkbox"/> Side yard; from _____ to _____ | <input type="checkbox"/> Area; from _____ to _____ |
| <input type="checkbox"/> Front Yard; from _____ to _____ | <input type="checkbox"/> Lot division; from _____ to _____ |
| <input type="checkbox"/> Rear yard; from _____ to _____ | <input type="checkbox"/> Coverage; from 25% to _____ |
| <input type="checkbox"/> Width; from _____ to _____ | <input type="checkbox"/> Ord. interpretation _____ |
| <input type="checkbox"/> Expansion of a non-conforming use | <input type="checkbox"/> Other _____ |

What is the hardship? _____

OFFICE USE		Fee: \$100.00
Scheduled for Review on: _____		
Hearing Officer Decision: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date: _____		
Conditions: _____		
