Pleasant View City ** 520 W Elberta Dr * Pleasant View, UT 84414 * (801) 782-8529**
Appeal Application (REV. Feb 2017)

Applicant/Representative's Name:
Applicant Company Name (if applicable):
Applicant's Address :
Phone: Cell: Email:
Property Owner's Name:
Company Name (if applicable):
Owner's Address:
Phone: Cell: Email:
Date of Decision: **Original File No. (if applicable):**
Appeal Request (may attach additional letter or materials):

- Item will be scheduled for the next available City Council meeting, not sooner than two weeks from date of application submittal and fee payment.

- Appeals are de novo. Applicant may submit additional material with this application to be included in the packets that are sent to City Council prior to the meeting, or they may choose to only present at the Council meeting.

The information on this form is true and accurate to the best of my knowledge. **I understand my responsibility to pay Pleasant View City for all professional and other fees associated with this application as stated in City Code 18.60.045**. Furthermore, I understand that the submittal of this application is not a guarantee of the City granting or approving the request.

_____   _____

Signature of Applicant/Representative   Signature of Property Owner

Submittal Requirements

[ ] Completed and signed application

[ ] Application Fee ($150.00)

[ ] Noticing Fee ($200.00)

[ ] *Optional:* Additional material or narrative describing appeal request

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For City Use

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Date Submitted:	Received By:
$150.00 APPLICATION FEE	
Routed to:	File No.