



Midway City
75 North 100 West
Midway, UT 84049

Community Development
435-654-3223 ext. 105
mhenke@midwaycityut.gov

Administrative Decision Appeals
Application fee: \$2,000

Owner(s) of Record

Name: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Applicant or authorized representative (if applicable)

Name: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Area Impacted by Appeal

Location: _____ Parcel Number(s): _____
Current Zoning Classification: _____ Proposed Zoning Classification: _____
Acreage: _____
Prior Approvals: _____

Reason and justification for the appeal:

FOR OFFICE USE ONLY

STAFF:

Date Received: _____
Received By: _____
Fee Paid: _____

PLANNER:

Complete / Incomplete
Date: _____ Reviewed by: _____

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Please read and sign before application submittal

I declare under penalty of perjury that I am the owner or authorized agent of the property subject to this request and the foregoing statements, answers and attached documents are true and correct. As the applicant for this proposal, I understand that my application is not deemed complete until the Planning Office has reviewed the application. I further understand I will be notified when my application has been deemed complete. At that time I expect that my application will be processed within a reasonable time, considering the work load of the Planning Office.

I fully understand that I am responsible for the payment of any back taxes and declare that I am responsible for all fees incurred.

Signature of Owner or Agent: _____ Date: _____

IMPORTANT: Your application cannot be processed until determined complete by the Planning Staff. An application shall be considered complete when all applicable fees are paid (such as Midway Water Board, Midway Sanitation District, out-of-pocket expenses, etc.) and all items listed herewith are provided or considered not applicable by the Planning Office. All application fees are non-refundable.