



DAGGETT COUNTY
95 North 100 West
P.O. BOX 219
Manila, UT 84046
435-784-3218

BOARD OF ADJUSTMENTS
Application for Appeal Request

All information requested on this application must be completed in full before any action will be taken.

Fee: \$ _____ DATE PAID _____ RECEIPT# _____

Applicants Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone# _____ Email _____

This appeal request a hearing to decide appeals where it is alleged by the appellant that there is any error in any order, requirement, decision, or refusal in enforcing of the zoning ordinance

- There was an error in the order.
- There was an error in the requirements.
- There was an error in the determination.
- There was an error in the decision.

1. Clarify you choice of appeal made above. State the facts fully, use additional sheets if necessary. _____

I, as an applicant to the Board of Adjustment of Daggett County, Utah, Do Hereby Certify that all information listed on this application is true and do hereby acknowledge that any misrepresentation will result in the revocation of any appeal granted.

Signature _____ Date _____

Printed Name of Signee _____