



Town of Apple Valley
1777 N Meadowlark Dr
Apple Valley UT 84737
T: 435.877.1190 | F: 435.877.1192
www.applevalleyut.gov

Date Received

Fee: \$550.00

Receipt Number

Appeal Application

Date of appeal request _____

Paperwork returned by _____

Name of Applicant _____

Topic: _____

Mailing Address: _____

Phone: _____

Purpose of Request: _____

____/____/____

Applicant Signature

Date

Note: Final approval of this application is subject to all necessary paperwork being submitted.

Applications requiring a public hearing may have other requirements which must be completed prior to placement on an agenda. Once all materials have been received, the Appeal Authority will schedule a meeting. All plats, drawings, or other visual material must be submitted in a format viewable by public attending the meeting, as well as an email in PDF format for reproduction to meet notice requirements.

_____/_____
Appeal Authority Date

_____/_____
Town Administration Date