CEDAR CITY

10 North Main, Cedar City, UT 84720
435-586-2950 ● Fax 435-586-4362
www.cedarcity.org

$25 fee paid: _____

Receipt No.: _____

BOARD OF ADJUSTMENTS APPLICATION

PLEASE ATTACH ADDITIONAL SHEETS FOR ANY INFORMATION
YOU BELIEVE WILL HELP THE BOARD MAKE ITS DECISION

TYPE OF APPLICATION (mark all that apply):

Administrative Appeal ☐ Special Exception ☐ Variance ☐

Conditional Use Appeal ☐ Non-conforming Use ☐ Zoning Map Interpretation ☐

Home Occupation: Daycare/Nursery School ☐ Other Home Occupation ☐

Other: ☐

APPLICANT'S NAME _____ PHONE # ( ) _____

BUSINESS NAME AND/OR DBA (if any) _____

ADDRESS OF PROPERTY(IES) _____

CITY Cedar City STATE UT ZIP _____

ZONE(s) WHERE PROPERTY LOCATED (Leave blank if unsure)

Residential ☐ GC ☐ NC ☐ I&M-1 ☐

CC ☐ HS ☐ DC ☐ I&M-2 ☐

APPLICANT'S INTEREST IN PROPERTY Owner ☐ Tenant ☐

Developer ☐ Other _____

APPLICANT'S MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE EXPLAIN IN DETAIL THE ISSUE, MATTER, AND/OR USE YOU WANT THE BOARD TO ADDRESS
(Attach other pages if necessary)

I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of my application, license, and/or permit. I also understand that the Board of Adjustments may require additional information as permitted by the ordinance, and agree to supply the same as part of this application.

_____ _____
APPLICANT'S SIGNATURE DATE