



# CENTERVILLE CITY

## BOARD OF ADJUSTMENT

### APPLICATION

655 North 1250 West • Centerville, Utah 84014  
 Phone 801-292-8232 Fax 801-292-8251

**NAME OF PROJECT** \_\_\_\_\_

**PROJECT ADDRESS** \_\_\_\_\_

**ZONING** \_\_\_\_\_ **PARCEL #(S)** \_\_\_\_\_ **ACREAGE** \_\_\_\_\_

**PROPOSED USE OF PROPERTY** \_\_\_\_\_

**APPLICANT**

NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY / ST / ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**AGENT INFORMATION**

NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY / ST / ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE OF AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**REASON FOR THE REQUEST**

  
  
  
  
  
  
  
  
  
  

***FEE MUST ACCOMPANY THIS APPLICATION***

Date Rec'd		Rec'd / Initials		Assigned Project Name	
Fee/Deposit Attached	Y or N	Amount Fee Paid	<b>SEE FEE SHEET</b>	Amount of Deposit Paid	<b>NOT APPLICABLE</b> Check #: