



Name of Project:	
Location or Address:	

Map & Tax Lot #	T:	R:	Section:	Tax Lot (s):
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Request:	

- I am the (check one) owner lessee of the property listed above, and the statements and information contained herein are in all respects true, complete and correct to the best of my knowledge and belief.
- With submission of this application, I authorize representatives of the City of Sandy to access the property for the purpose of site investigation associated with this application.

Applicant (if different than owner)	Owner
Address	Address
City/State/Zip	City/State/Zip
Email	Email
Phone	Phone
Signature	Signature
Date of Signature	Date of Signature

Staff Use Only

File #:	Date:	Fee\$:	Planner:
Type of review:	Type I <input type="checkbox"/>	Type II <input type="checkbox"/>	Type III <input type="checkbox"/> Type IV <input type="checkbox"/>
Has applicant attended a pre-app? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of pre-app meeting:			