



## Request for Deviation from Standards

### SUBDIVISION INFORMATION

Applicant/Representative:

Representing (if applicable):

Address/Phone/Email:

Project Name:

Is this project part of an MDA?

Yes ☐

No ☐

Engineer:

Address/Phone/Email:

### SUBMITTAL INFORMATION

What Standard or governing document is the the deviation being requested for? (Cite standard from Herriman City Development Standards or APWA)

State the requested deviation. (what is the proposed design criteria)

Provide justification for the proposed deviation and attach reference material, plans, details, etc.

The City has 15 business days to review your request. This time will not commence until a complete submittal has been received. An incomplete submittal will be rejected until all items have been received. Please note, plans received after 2:00 pm will be logged as received on the next business day.

Approvals

City Engineer

Date

Public Works Director

Date

Community Development Director

Date

Privacy Statement: Herriman City is dedicated to safeguarding your privacy and ensuring transparency in the handling of your personal data. The information we collect through this application includes your name, email address, physical address, phone number, and emergency contact details. This data is used to enhance and streamline the services we provide, as well as to facilitate communication regarding your account and important community updates. In order to deliver these services, your information may be shared with select third-party vendors with whom we have contracted, such as those assisting with online payment processing. Herriman City has implemented robust security protocols to protect the confidentiality and integrity of your personal data. You have the right to access the information we maintain about you and to request corrections if any inaccuracies are found. Under certain circumstances, you may also request the deletion of your data. For further details, please refer to the Herriman City Privacy Policy.

### OFFICE USE ONLY

Date Received:

Review Fee:

File Number: