



# Uintah County Building, Planning and Zoning Administrative Conditional Use Permit Application

Each application must include a detailed description of proposed location: parking, buildings, equipment, property lines, etc. A narrative of intentions of use with hours of operation must also be included.

## OFFICE USE ONLY

CUP # \_\_\_\_\_ Fee: \$50.00 Receipt # \_\_\_\_\_ Fee waived as part of business license?   
(Business license must be turned in with CUP.)

Date Application Received in Office: \_\_\_\_\_

### CODE ENFORCEMENT OFFICER

APPROVED

DENIED

INCOMPLETE

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### CONDITIONAL USE PERMIT

APPROVED

DENIED

INCOMPLETE

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## Property Owner(s) Information

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office/home phone: \_\_\_\_\_ Fax phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Property Information

Parcel # \_\_\_\_\_ Zoning \_\_\_\_\_ Acreage \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

*You also need to submit a parcel map obtained from the Recorder's Office  
or a copy of deed or tax notice to show ownership*

**Applicant Information (if not property owner)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office/home phone: \_\_\_\_\_ Fax phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Message phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*An agent authorization form properly signed and notarized MUST be included with this application*

There shall be no assumption of approval of any aspect of the process. Each application for a conditional use permit shall have all required submittals before it is accepted as a complete application. **If use is approved, only one commercial vehicle & one trailer is permitted for A-1 & RA-1; zones MG-1 & RFM allow two vehicles & two trailers.**

THIS APPLICATION IS MADE TO THE PLANNING COMMISSION REQUESTING THAT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (We) understand that a conditional use permit shall not be authorized unless the evidence presented is such as to establish that the described use will not, under the circumstances of the particular case, be detrimental to the health, safety or general welfare of persons residing or working in the vicinity, and the proposed use will comply with the regulations and conditions specified in the Uintah County zoning ordinance for such use. As per section **17.12.200** any person aggrieved by a decision of the planning commission or the zoning administrator regarding the issuance, denial or revocation or amendment of a conditional use permit may appeal such decision to the board of county commissioners within 30 days of the date of the decision.

Date submitted: \_\_\_\_\_

Signature of owner(s) or agent:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

