



# COMMUNITY DEVELOPMENT DEPARTMENT Conditional Use Permit Application.

**17.76-** All rules and regulations of the Conditional Use Permit Ordinance must be met and followed for approval of a Conditional Use Permit. There shall be no presumption of approval of any aspect of the process. ***An application will not be accepted if not complete.*** All sections of the application must be filled out and correct information provided. ***A Conditional Use Permit application requires a detailed site plan, which includes existing and futures dwellings/structures, distances to property lines, applicant information, etc.***

## OFFICE USE ONLY

CUP# \_\_\_\_\_ Fee: \$300.00 Receipt # \_\_\_\_\_

Date Paid: \_\_\_\_\_

Is this an amendment?  Yes  No Date approved \_\_\_\_\_ Denied \_\_\_\_\_

Due date for application: \_\_\_\_\_ by 5:00 p.m. Planning Commission Meeting Date \_\_\_\_\_

## Property information and location (All lines applicable to this site must be filled in)

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Parcel # \_\_\_\_\_ Current Zoning Designation \_\_\_\_\_

Total acreage of Parcel: \_\_\_\_\_ Area Occupied by this use: \_\_\_\_\_

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

*You MUST include a parcel map obtained from the Uintah County Recorder's Office with this application!*

## Applicant information

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

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

Physical Address of Property: \_\_\_\_\_

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

Office/ Home Phone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Property owner(s) information (If different from Applicant)**

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

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

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

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

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

*A copy of the deed, offer or tax notice MUST be included to demonstrate ownership*

**Agent**

For the property owner(s)

For the Applicant

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

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

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

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

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

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

ATTACH an 8.5 x 11 COPY OF LOCATION MAP, SITE AND BUILDING PLAN, AND DETAILED DESCRIPTION OF PROPOSED USE, INCLUDING ANY PARKING, BUILDING ACCESS, AND EQUIPMENT THAT WILL BE USED. MUST INCLUDE A NARRATIVE OF INTENTIONS OF USE, INCLUDING HOURS OF OPERATION AND ANY OTHER NUISANCES.

APPLICATION IS HEREBY MADE TO THE PLANNING COMMISSION REQUESTING THAT:

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

I (We) understand that the Uintah County Commission shall not authorize a conditional use permit unless the evidence presented is such as to establish that such 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 commissions within 30 days of the date of the decision.

I certify that all information listed on this application is true, accurate, and complete. I do hereby acknowledge that any misrepresentation could result in the revocation of this permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date