



COMMUNITY DEVELOPMENT DEPARTMENT

Conditional Use Permit Application.

17.33- 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 future 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: _____

Applicant information

Name(s): _____

Mailing Address: _____

City/County: _____ State: _____ Zip _____

Office/ Home Phone: _____ Mobile Phone _____

E-Mail Address: _____

A copy of a lease agreement or other authorizing document is required if applicant is not the owner and the owner has not signed the application

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

Name(s): _____

Mailing Address: _____

City/County: _____ State: _____ Zip: _____

Office/home phone: _____ Mobile Phone: _____

E-mail address: _____

Agent

For the property owner(s)

For the Applicant

Name(s): _____

Address: _____

City/County: _____ State: _____ Zip: _____

Office/home phone: _____ Mobile phone: _____

E-mail address: _____

If signing for the owner / applicant a notarized agent authorization letter must be submitted

ATTACH An 8.5 x 11 COPY OF LOCATION MAP, SITE AND BUILDING PLAN, AND A DETAILED DESCRIPTION OF PROPOSED USE, INCLUDING ANY PARKING, BUILDING ACCESS, EQUIPMENT THAT WILL BE USED AND HOURS OF OPPERATIONS, AS APPLICABLE. ALONG WITH ANY OTHER REQUIRED INFORMATION

APPLICATION IS HEREBY MADE TO THE PLANNING COMMISSION REQUESTING THAT (Attach additional pages if necessary):

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 17.13 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 _____