

*The Town of Castle Valley*  
**Routine Conditional Use Permit Application - FORM A**

Lot # \_\_\_\_\_ Home Occupation \_\_\_\_\_ Premises Occupation \_\_\_\_\_

Days & Hours of Operation \_\_\_\_\_

Does your business require licensure or regulation through a State or Federal Agency? Y\_\_\_\_ N\_\_\_\_

If yes, list here: \_\_\_\_\_

Are you in compliance? Y\_\_\_\_ N\_\_\_\_

Do you need a Federal ID # for this business? Y\_\_\_\_ N\_\_\_\_ If yes, are you in compliance? Y\_\_\_\_ N\_\_\_\_

Please provide a detailed description of the proposed use/business here: \_\_\_\_\_

Application Fee Due: \$35.00

**FOR OFFICE USE ONLY**

Date Paid & Payment Reference: \_\_\_\_\_ Initials: \_\_\_\_\_

**I acknowledge that all the information requested above, and supplied by me is true and correct. I understand that should any information, supplied by me, be false or incorrect, that this Conditional Use Permit may be revoked. I further understand and agree that if my Conditional Use Permit is approved, this permit will only be issued to the persons listed on this application and not run with the land in the event of the sale of the lot listed below. Any permit which may be issued is only for the type and scope of the activity or use explicitly described in this application. A notice will be sent to each adjacent property owner briefly describing the approved routine conditional use permit. A determination that an application for a Conditional Use Permit for a home occupation is routine may be appealed by the applicant, the Town, or an aggrieved party to the Planning and Land Use Commission within 15 calendar days after the date when the Building Permit Agent makes the determination**

**I have read and understand Sections 4.5, 4.7 and 4.8 of the Castle Valley Land Use Ordinance 85-3 pertaining to conditional uses and/or home and premises occupations. I understand and agree that anytime I am found in violation of the provisions of 85-3 pertaining to conditional use permits, the permit shall be revoked and I will pay any penalty imposed by the Town and any expense legal or otherwise incurred by the Town regarding my conditional use violation.**

**I understand that this permit will be reviewed annually through an annual update form. If all of the conditions of the permit are being met and no changes have been made to the conditional use, the permit will be renewed for another year. At the time of review the Town may refuse to renew the permit. The Town further reserves the right to require any permit go through the full Nonroutine permit process if any questions of impact arise at the annual review.**

Name of Business: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Lot Owner (if different then applicant): \_\_\_\_\_ Date: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

\_\_\_\_\_ (Applicant) has been granted a Routine Conditional Use Permit for  
\_\_\_\_\_ (Name of Business)

**DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_**

\_\_\_\_\_  
**SIGNATURE Building Permit Agent**

\_\_\_\_\_  
**NAME Building Permit Agent**