

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 through the State of Utah? 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. The Town further reserves the right to require any permit go through the full permit process as described in Form B if any questions of impact arise.*

I have read and understand Sections 1.4.3 and 1.4.5 of the Castle Valley Zoning Ordinance 85-3 pertaining to conditional use 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 Council and any expense legal or otherwise incurred by the Council in action against 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.

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