

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

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

Name of Applicant(s) \_\_\_\_\_

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

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

Business is conducted: In Home \_\_\_\_\_ On Premises \_\_\_\_\_ Both \_\_\_\_\_

Are you currently a fulltime resident on the lot for which the application is sought? Y \_\_\_\_\_ N \_\_\_\_\_

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: \$50.00

\_\_\_\_\_

Are you currently a full time resident on the lot for which the application is sought? Y \_\_\_\_\_ N \_\_\_\_\_

Will this applied for use generate: (check all applicable boxes)

Vehicle traffic \_\_\_\_\_ Delivery/Freight traffic \_\_\_\_\_ Non-residential traffic \_\_\_\_\_

Non-residential employee(s) \_\_\_\_\_ Tourism \_\_\_\_\_ Privacy loss \_\_\_\_\_ Noise \_\_\_\_\_

Waste \_\_\_\_\_ Emissions/Odors \_\_\_\_\_ Outdoor lighting \_\_\_\_\_ Signage \_\_\_\_\_ Hazards \_\_\_\_\_

Commercial vehicle \_\_\_\_\_ Material/Equipment storage \_\_\_\_\_

Hazardous/Flammable/Explosive storage \_\_\_\_\_

Other, please name: \_\_\_\_\_

Please describe the details of all above selected items: \_\_\_\_\_

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



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**Meeting/Discussion/Notification:** Each adjacent property owner will be contacted by mail by the Town of Castle Valley to inform him/her of the proposed conditional use and the meeting date to hear applicant's request. Applicants will be notified of the meeting dates at which the conditional use request will be heard.

Please return this application to the Town of Castle Valley, HC 64 Box 2705, Castle Valley, UT 84532, a minimum of 21 days prior to the Planning and Land Use Commission Meeting at which the request will first be heard. The Planning and Land Use Commission meets once a month. The Town Council, at their first meeting following the Planning and Land Use Commission meeting, will vote on applications based on the Planning and Land Use Commission's recommendations. **APPLICANTS MUST ATTEND BOTH MEETINGS!**

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 agree to govern this use in accordance with any conditions that may be placed thereon by the Town Council and in conformance with all applicable ordinances.

I further understand and agree that if my home/premises occupation use is approved, that this use 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 above. Any permit which may be issued is only for the type and scope of the activity or use explicitly described in this application.

Signed: \_\_\_\_\_ Applicant/Owner Date: \_\_\_\_\_

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

**RECOMMENDATION OF CASTLE VALLEY PLANNING COMMISSION:**

\_\_\_\_ Not to approve for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ To approve with the following conditions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. Anything not expressly permitted is prohibited.

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

THOSE VOTING AYE: \_\_\_\_\_

THOSE VOTING NAY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE Planning Commission Chair

\_\_\_\_\_  
NAME Planning Commission Chair

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## Approval of Conditional Use Permit

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 uses and/or home and premises occupations. I understand and agree that anytime I am found in violation of the conditions of this Conditional Use Permit, 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.

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

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

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

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

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

Final Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

THOSE VOTING AYE: \_\_\_\_\_

THOSE VOTING NAY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE of Mayor

\_\_\_\_\_  
NAME of Mayor