

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

PERMIT APPLICATION: (check what applies)

Home Occupation _____ Premises Occupation _____

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

(Attach Additional Sheets As Needed)

Days / Hours of operation: _____

Business is conducted: In home _____ On premises _____ Both _____

Does your business require licensure through the State of Utah Department of Professional Licensing Service? Y____ N____ If yes, 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____

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: _____

Signed:_____ Applicant/Owner 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 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: _____
_____ has been granted a Conditional Use Permit for

Final Conditions:

DATED THIS _____ DAY OF _____, 20 ____ .

THOSE VOTING AYE: _____

THOSE VOTING NAY: _____

SIGNATURE of Mayor

NAME of Mayor