

For Office Use Only Date Application Received _____ Date Application Approved _____
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The Town of Castle Valley
NON-PERMANENT CONDITIONAL USE PERMIT APPLICATION

Lot # _____
 Name of Applicant(s) _____
 E-mail Address: _____
 Name of Lot Owner(s) if different _____
 Street Address _____
 Mailing Address _____
 Phone # _____
 Are you currently a full-time resident on this lot? Y _____ N _____

Please provide a brief description of the proposed use: _____

(Attach Additional Sheets As Needed)

Documentation to be Submitted:

- _____ 1. This completed application form.
- _____ 2. A site plan, drawn to scale, that includes the following:
 - a. The perimeter of the property, showing measurements & road easements.
 - b. All structures on the property, showing dimensions, and distances from each other and distances from the property line, with current uses of each structure.
 - c. Location of conditional use.
- _____ 3. A letter from the applicant fully describing the proposed conditional use with the reasons applicant feels the Planning and Land Use Commission should recommend approval of said use to the Town Council.
- _____ 4. Building Plans (where applicable).
- _____ 5. ANYTHING ELSE DEEMED NECESSARY in order to properly evaluate the Application's compliance with Town Land Use Regulations and its impact on the zone in which the conditional use will be located.
- _____ 6. Filing Fees:

a.	Application fees	\$	-----50.00---
b.	_____	\$	_____
c.	_____	\$	_____
	Total fees due:	\$	_____

FOR OFFICE USE ONLY	
Date Paid & Payment Reference: _____	Initials: _____
Completed #'s 1 – 6 _____	Initials: _____ (of Town Clerk)

Non-Permanent Conditional Use Permit Application

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 dates 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 by mail to the Town of Castle Valley, HC 64 Box 2705, Castle Valley, UT 84532, or in person at the Town Community Building at 2 Castle Valley Drive, 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 understand that the Town may revoke this conditional use permit at any time if one or more of the conditions of this permit are not being met.

I further understand and agree that if my conditional 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 and must be renewed each year. 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 AND LAND USE 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

Non-Permanent Conditional Use Permit Application

RECOMMENDATION OF CASTLE VALLEY TOWN COUNCIL:

_____ **Not to approve for the following reasons:** _____

_____ **To approve with the following Final Conditions:**

DATED THIS _____ DAY OF _____, 20 ____ .

THOSE VOTING AYE: _____

THOSE VOTING NAY: _____

SIGNATURE of Mayor

NAME of Mayor

I have read and understand Sections 4.5 through 4.10 of the Castle Valley Land Use Ordinance 85-3 pertaining to conditional uses. 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.

Signature of Applicant: _____ Date: _____

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

_____ (*Applicant*) has been granted a Non-Permanent Conditional Use Permit for