

For Office Use Only

Date Application Received _____

Date Application Approved _____

The Town of Castle Valley
**CONDITIONAL USE PERMIT APPLICATION QUESTIONNAIRE
FOR HOME AND PREMISES OCCUPATIONS**

Lot # _____

Name of Applicant(s) _____

Name of Lot Owner(s) if different _____

Name of Proposed Business _____

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/business: _____

(Attach Additional Sheets As Needed)

Please answer the following questions:

A: Does your proposed business generate any extra traffic outside of normal package delivery? Y _____ N _____

B: Does your business have any non-resident employees? Y _____ N _____

C: Does your business require any customers or business invitees coming to the home or premises? Y _____ N _____

D: Does your proposed business create any additional noise? Y _____ N _____

E: Does your proposed business involve, in any capacity, the use or storage of flammable, toxic, or hazardous materials? Y _____ N _____

F: Does your proposed business involve, in any capacity, products that emit noticeable fumes or odors? Y _____ N _____

G: Does your proposed business require the use of any outbuildings? Y _____ N _____

H: Would your closest neighbors know you were operating this proposed business if you did not tell them? Y _____ N _____

I: Is your proposed business for a nursery (botanical), raising or boarding of livestock or other animals, a day care nursery, a family day care center, or a foster care home? Y _____ N _____

If the answer to ANY of the above questions is “Yes”, you must go to Form B.

If ALL answers are “No”, you must continue on Form A.