Web	er County Condi	tional Use Permit App	olication			
Application submittals will be accepted by appointment only. (801) 399-8791. 2380 Washington Blvd. Suite 240, Ogden, UT 84401						
Date Submitted / Completed	Fees (Office Use)	Receipt Number (Office Use)	File Number (Office Use)			
Property Owner Contact Inf	formation					
Name of Property Owner(s) Lakeside Holdings			Mailing Address of Property Owner(s)			
Lakeside Holdi Phone 901-549-842	y Fax	osdeni ut 8	1402 S. 4700 W. OGDEN, UT 84404			
Email Address (required) Jabalay 9 6 V	Jahoo.com		Preferred Method of Written Correspondence Email Fax Mail			
Authorized Representative						
Name of Person Authorized to Represent the Property Owner(s)		Mailing Address of Authorized Perso	Mailing Address of Authorized Person			
Phone	Fax					
Email Address			Preferred Method of Written Correspondence Email Fax Mail			
Property Information			-			
Project Name Davis Meats		Total Acreage 20	Current Zoning			
Project Name Davis Meats Approximate Address 1959 S. 75 09 Cleh. UT	00 W 40404	Land Serial Number(s) 10 - 155 - 000				
Proposed Use Meal at Him	g/slaughter					
Project Narrative	7 7 7 0					

Basis for Issuance of Conditional Use Permit					
Reasonably anticipated detrimental effects of a proposed conditional use can be substantially mitigated by the proposal or by the imposition of reasonable conditions to achieve compliance with applicable standards. Examples of potential negative impacts are odor, vibration, light, dust, smoke, or noise.					
That the proposed use will comply with the regulations and conditions specified in the Zoning Ordinance and other applicable agency standards for such use.					

Property Owner Affidavit
I (We), LAYESIDE HICHMAS depose and say that I (we) am (are) the owner(s) of the property identified in this application and that the statements herein contained, the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge.
(Property Owner) (Property Owner)
Subscribed and sworn to me thisday of, 20,
(Notary)
Authorized Representative Affidavit
I (We),, the owner(s) of the real property described in the attached application, do authorized as my (our) representative(s),, to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the County considering this application and to act in all respects as our agent in matters pertaining to the attached application.
(Property Owner) (Property Owner)
Dated thisday of, 20, personally appeared before me, the signer(s) of the Representative Authorization Affidavit who duly acknowledged to me that they executed the same.
(Notary)

Check List for Site Plan Review.

Name of the proposed development
Name and address of the owner of property
Name and address of the preparer of the site plan
Statement describing the intended use of the development
A north arrow and scale not less than 1:50
The tax ID number of the development site
The land use and zoning of the development site
Adjacent land use and zoning
* Identify the percentage of the property covered by

buildings and hard surface

Adjacent streets shall be shown and identified, along with distance from centerline to property Building setbacks and distances Easement on property and on abutting property, that could be affected

* Lighting plan

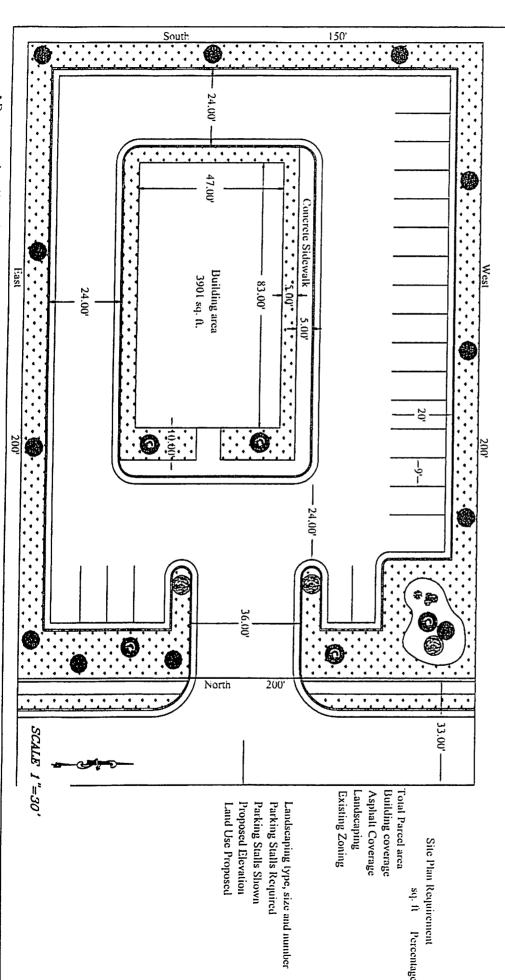
A letter from the Water and Sewer company serving the project or a septic tank approval letter

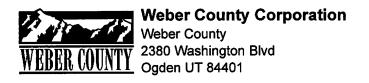
* Elevation drawings depicting architectural theme, building features, materials and colors is required

* A grading and drainage plan is required

Landscaping plan

Detailed sign information including color and material Fire hydrant location
Parking information - size and number of stalls
The geometric layout and dimensions of proposed building, driveways, parking areas, loading areas, signs and other features of the development Existing structures
Storm water management plan





Customer Receipt

Receipt Number

41874

Receipt Date

04/18/17

Received From:

Davis Custom Meat

Time:

10:26

			Clerk:	tbennett
Description		Comment		Amount
CUP Amendment		CUP Amendment		\$125.00
	Payment Type	Quantity	Ref	Amount
	CHECK		5715	
		AMT TENDERED:	\$125.00	
		AMT APPLIED:	\$125.00	
		CHANGE:	\$0.00	