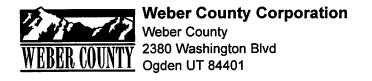
| V  | Veber County Desig   | n Review Application   | on  |  |  |
|--|--|--|---|--|--|
| Application submittals wi                                    | II be accepted by appointment only. (8   | 801) 399-8791. 2380 Washington Blvd. S   | Suite 240, Ogden, UT 84401                      |  |  |
| Date Submitted / Completed                                   | Fees (Office Use)  | Receipt Number (Office Use)  | File Number (Office Use)                        |  |  |
| Property Owner Contact Info                                  | ormation   |  |   |  |  |
| Name of Property Owner(s)                                    |  | Mailing Address of Property Owner(s)   |   |  |  |
| Snowbasin Resort Compa                                       | any  | 3925 Snowbasin Road  |   |  |  |
| Phone<br>801.620.1000  | Fax  | Huntsville, UT 84317   |   |  |  |
| Email Address dratchford@snowbasin.com                       |  | Preferred Method of Written Correspondence    X   Email   Fax   Mail                     |   |  |  |
| Authorized Representative (                                  | Contact Information  |  |   |  |  |
| Name of Person Authorized to Repres                          | ent the Property Owner(s)  | Mailing Address of Authorized Person P.O. Box 419  |   |  |  |
| Ruscitto Latham Blanton                                      |  |  |   |  |  |
| Phone 208.726.5608   | Fax  | Sun Valley, ID 83353   |   |  |  |
| Email Address  |  | Preferred Method of Written Correspo   | ndence  |  |  |
| mbulls@rlb-sv.com.com  |  | Email Fax Mail   |   |  |  |
| Property Information   |  |  |   |  |  |
| Project Name<br>Snowbasin Equipment Storage - Clinic Remodel |  | Current Zoning DRR-1   | Total Acreage<br>1,370                          |  |  |
| Approximate Address  |  | Land Serial Number(s)  |   |  |  |
| 3925 Snowbasin Road<br>Huntsville, UT 84317                  |  | Parcel 20-643-0005   |   |  |  |
| Proposed Use New outpatient clinic - fu                      | ture tenant improvement.   |  |   |  |  |
| Project Narrative  |  |  |   |  |  |
| main level to provide spa                                    | des a remodel of a storage bay<br>ace for a new outpatient clinic t<br>as well as infill of an existing ov | within the existing facility and tenant improvement project. The verhead sectional door. | the enclosure of the<br>ne remodel will provide |  |  |
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| Property Owner Affidavit   |
|--|
| I (We),, 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)   |
| Subscribed and sworn to me this 29 day of April, 20 19.  |
| (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)   |
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**Customer Receipt** 

Receipt Number

105899

**Receipt Date** 

04/29/19

Received From: **SNOWBASIN** 

Time:

10:01

Clerk: amartin

|                 |              |               | OIGIN. | amarum   |  |
|-----------------|--------------|---------------|--------|----------|--|
| Description     | Comment      |               |        | Amount   |  |
| ZONING FEES     | CLIN         | CLINIC        |        | \$270.00 |  |
| ENGINEERING SAL | CLINIC       |               |        | \$30.00  |  |
|                 | Payment Type | Quantity      | Ref    | Amount   |  |
|                 | CREDIT CARD  | CREDIT CARD   |        |          |  |
|                 | AMT          | AMT TENDERED: |        | \$300.00 |  |
|                 |              |               |        |          |  |

**AMT APPLIED:** 

\$300.00

**CHANGE:** 

\$0.00