

Weber County Design Review Application

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)
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Property Owner Contact Information

Name of Property Owner(s) Snowbasin Resort Company	Mailing Address of Property Owner(s) 3925 Snowbasin Road Huntsville, UT 84317
Phone 801.620.1000	Fax
Email Address dratchford@snowbasin.com	Preferred Method of Written Correspondence <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail

Authorized Representative Contact Information

Name of Person Authorized to Represent the Property Owner(s) Ruscitto Latham Blanton Architectura	Mailing Address of Authorized Person P.O. Box 419 Sun Valley, ID 83353
Phone 208.726.5608	Fax
Email Address mbulls@rlb-sv.com.com	Preferred Method of Written Correspondence <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail

Property Information

Project Name Snowbasin Equipment Storage - Clinic Remodel	Current Zoning DRR-1	Total Acreage 1,370
Approximate Address 3925 Snowbasin Road Huntsville, UT 84317	Land Serial Number(s) Parcel 20-643-0005	


Proposed Use
New outpatient clinic - future tenant improvement.

Project Narrative

The scope of work includes a remodel of a storage bay within the existing facility and the enclosure of the main level to provide space for a new outpatient clinic tenant improvement project. The remodel will provide required fire separation as well as infill of an existing overhead sectional door.

Property Owner Affidavit

I (We), David Ratchford, 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 this 29 day of April, 2019.

(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 this _____ day 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)



Weber County Corporation

Weber County
2380 Washington Blvd
Ogden UT 84401

Customer Receipt	
Receipt Number	105899

Receipt Date
04/29/19

Received From:
SNOWBASIN

Time: 10:01
Clerk: amartin

Description	Comment	Amount
ZONING FEES	CLINIC	\$270.00
ENGINEERING SAL	CLINIC	\$30.00

Payment Type	Quantity	Ref	Amount
CREDIT CARD			

AMT TENDERED: \$300.00

AMT APPLIED: \$300.00

CHANGE: \$0.00