

Date: 6/5/2014



(801) 399-8791
Planning Commission

Page 1 of 2

Land Use Permit

Printed: 6/5/2014

Permit Number: LUP88-2014

Applicant

Name: BRYNER, GORDON C &
Address: 409 W 1500 N

Phone:

Owner

Name: BRYNER, GORDON C &
Address: 409 W 1500 N

Phone:

Parcel

Parcel Number: 230490006

Zoning:

Total Parcel Area:

(*If Zoned S-1, See Specific Height Requirements)

Address: 11768 SUNRIDGE CIR E

**See Diagram on Back Side for Setbacks

Section:

Township:

Range:

Subdivision:

Lot(s):

Proposed Structure: RV Pad

Structure Area Used:

Is Structure > 1,000 Sq. Ft.?

*If True, Need Certif. Statement

of Dwelling Units: 0

of Accessory Bldgs: 0

Off-Street Parking Req'd: 2



Permit Checklist:

Public by/Right of Use Road?

> 200 ft. from Paved Road? No

< 4218 ft. above Sea Level? No

Wetlands/Flood Zone? No

Culvert Required? No

If Yes, Culvert Size:

***Any Work in the Right of Way requires an Excavation Permit**

Additional Frontage Req'd.? No

OR Special Exception?

Case #

Meet Zone Area & Frontage? True

Hillside Review Req'd.? No

Case #

Culinary Water District: Sunridge

Waste Water System:

Individual

Comments: Renewal for an RV pad in Sundridge (Temp 180 days)

*Susan Bryner (Miradi) Weber County Felix Hleverno
gordon170@comcast.net
801-782-3757*

6/12/2017

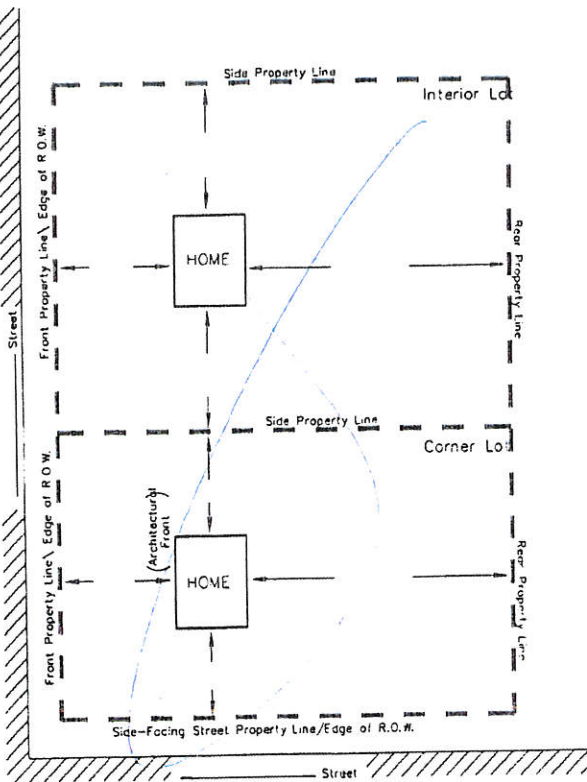
*5/6/15
AM renewed*

5/22/2018

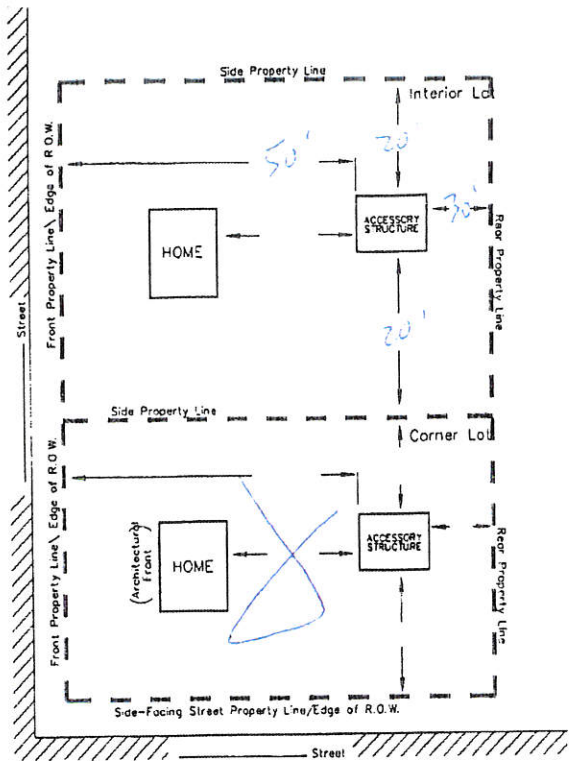
*Steve
Burton*

*6/15/2016
Scott W.*

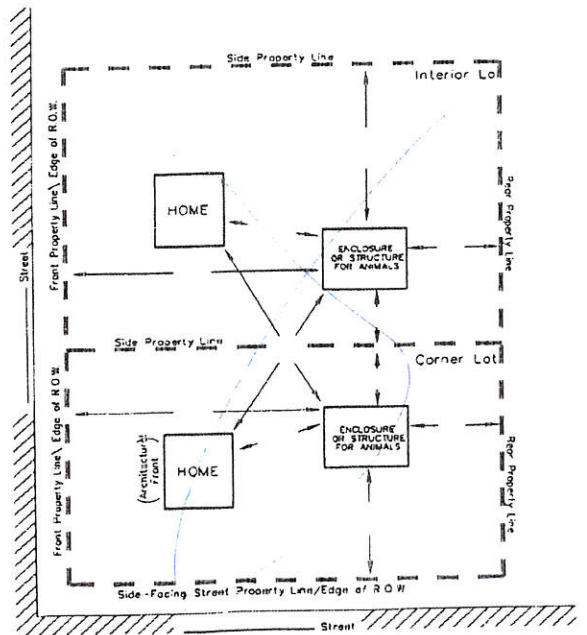
Structure Setback Graphic: RV Pad



MINIMUM YARD SETBACKS
New Dwelling, Addition, Etc.



MINIMUM YARD SETBACKS
Storage Shed, Detached Garage, Etc.



MINIMUM YARD SETBACKS
Barn, Corral, or Stable

NOTICE FOR APPLICANT (Please Read Before Signing)

Proposals for the installation of an individual water supply and for a sanitary waste disposal system (septic tank) for any structure designed for human occupation must be approved by the Weber County Health Department prior to installation.

 Planning Dept. Signature of Approval Date 5-22-18

This permit becomes null and void if use or construction authorized has not commenced within 180 days or if there is a zone change affecting this property. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this land use will be complied with whether specified herein or not. I make this statement under penalty of perjury. I hereby agree to make the requirements as specified on this permit issued to the owner of land as signed below.

Susan Byrner 5-22-2018
 Contractor/Owner Signature of Approval Date

WEBER COUNTY HEALTH DEPARTMENT
 2018-05-22