Wel	oer County Condi	tional Use Permit Ap	plication		
Application submittals will be accepted by appointment only. (801) 399-8791. 2380 Washington Blvd. Suite 240, Ogden, UT 84401					
Date Submitted / Completed 3/15/2014	Fees (Office Use) \$125	Receipt Number (Office Use) 3259	File Number (Office Use) CUP 2014 - 20		
Property Owner Contact is	nformation				
Name of Property Owner(s) PRESIDING BISHOP	PEIC OF THE LDS CH	Mailing Address of Property Own	ner(s)		
Phone	Fax				
Email Address (required)		Preferred Method of Written Cor	respondence Iail		
Authorized Representative	e Contact Information				
Name of Person Authorized to Represent the Property Owner(s) BRENT WHEELER		Mailing Address of Authorized Pe	erson		
Phone	Fax				
mail Address			Preferred Method of Written Correspondence Email Fax Mail		
Property Information					
Project Name CAMP LIBERTY PAYILION		Total Acreage	Current Zoning		
Approximate Address 6249 NORTH FOR	K RD. LIBERTY, UI	Land Serial Number(s)			
roposed Use		- <u> </u>			
roject Narrative		,			

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.						
the first of the second of						
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),and that the statements herein contained, the information promy (our) knowledge.	depose and say that I (we) am (are) the owner(s) of the property identified in this application rovided in the attached plans and other exhibits are in all respects true and correct to the best of
(Property Owner)	(Property Owner)
Subscribed and sworn to me thisday of	, 20
	(Notary)
Authorized Representative Affidavit	
(our) representative(s),	, the owner(s) of the real property described in the attached application, do authorized as my, to represent me (us) regarding the attached application and to appear on y in the County considering this application and to act in all respects as our agent in matters
(Property Owner)	(Property Owner)
Dated thisday of20signer(s) of the Representative Authorization Affidavit who duly	personally appeared before me, the ly acknowledged to me that they executed the same.
	(Notary)

Check List for Site Plan Review.

* Identify the percentage of the property covered by Name and address of the owner of property the land use and zoning of the development site Name of the proposed development Adjacent had use and coming The tax ID number of the development site A north arrow and scale not less than 1.50 Statement describing the intended use of the development famic and address of the preparet of the site plan

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

that could be affected

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

 * A grading and drainage plan is required building features, materials and colors is required * Elevation drawings depicting architectural theme,

1 andscaping plan

buildings and hard surface

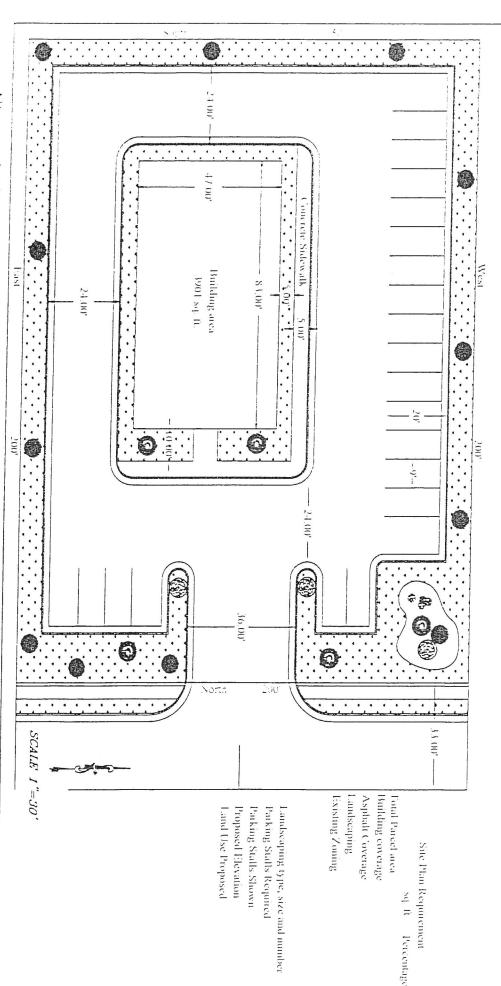
* Lighting plan

Fire hydrant location Detailed sign information including color and material

of the development driveways, parking areas, loading areas, signs and other features The geometric layout and dimensions of proposed building, Parking information - size and number of stalls

Existing structures

Storm water management plan





WEBER COUNTY CMS RECEIPTING SYSTEM OFFICIAL RECEIPT

cms314a Page 1 of 1

*** REPRINT ***

The following amount of money has been received and allocated to the various accounts listed below:

Date: 15-AUG-2014

Receipt Nbr: 3259

ID# 22595

Employee / Department: ANGELA

- 4181 - PLANNING

.00

Monies Received From: CAMP LIBERTY

Template: PUBLIC WORKS

Description: CUP

Total Currency

Total Checks: 1		Total Check Amounts:	\$ 125.00
125.00			
Check Amounts			
		TOTAL \$	125.00
2014-08-4181-3419-0550-000 ZC	NING FEES		125.00
Account Number	count Number Account Name		Total
Grand Total	\$	125.00	
Total Checks	\$	125.00	
Pre-deposit	\$.00	
Total Debit/Cre	edit Card \$.00	
Total Coin	\$.00	

*** SAVE THIS RECEIPT FOR YOUR RECORDS ***