

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) DR2014-13
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Property Owner Contact Information

Name of Property Owner(s) SUMMIT MANTO HOLDING		Mailing Address of Property Owner(s) 3090 N. KOUFCREEK DRIVE EDEN, UT	
Phone 508-494-4000	Fax	Preferred Method of Written Correspondence <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	
Email Address DBLATT@SUMMIT.CO			

Authorized Representative Contact Information

Name of Person Authorized to Represent the Property Owner(s) BRUCE ANDERSON		Mailing Address of Authorized Person 7103 So. REDWOOD ROAD, SUITE 426 WEST JORDAN, UT. 84084	
Phone 801-910-7614	Fax	Preferred Method of Written Correspondence <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	
Email Address BRUCE@BLUEWILLOWBUILDERS.COM			

Property Information

Project Name BUDG SIGNAGE	Current Zoning
Approximate Address	Land Serial Number(s)

Proposed Use

Project Narrative

Property Owner Affidavit

I (We), DAVID BLATT, 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.

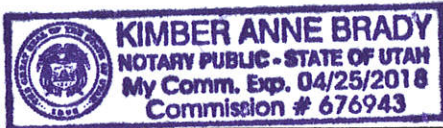
SMHG MANAGEMENT

DM Blatt

(Property Owner)

(Property Owner)

Subscribed and sworn to me this 17 day of December, 2014.



KAB

(Notary)

Authorized Representative Affidavit

I (We), DAVID BLATT the owner(s) of the real property described in the attached application, do authorized as my (our) representative(s), BRUCE ANDERSON, 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.

SMHG MANAGEMENT

DM Blatt

(Property Owner)

(Property Owner)

Dated this 17 day of December, 2014, personally appeared before me Kimber Brady, the signer(s) of the Representative Authorization Affidavit who duly acknowledged to me that they executed the same.



KAB

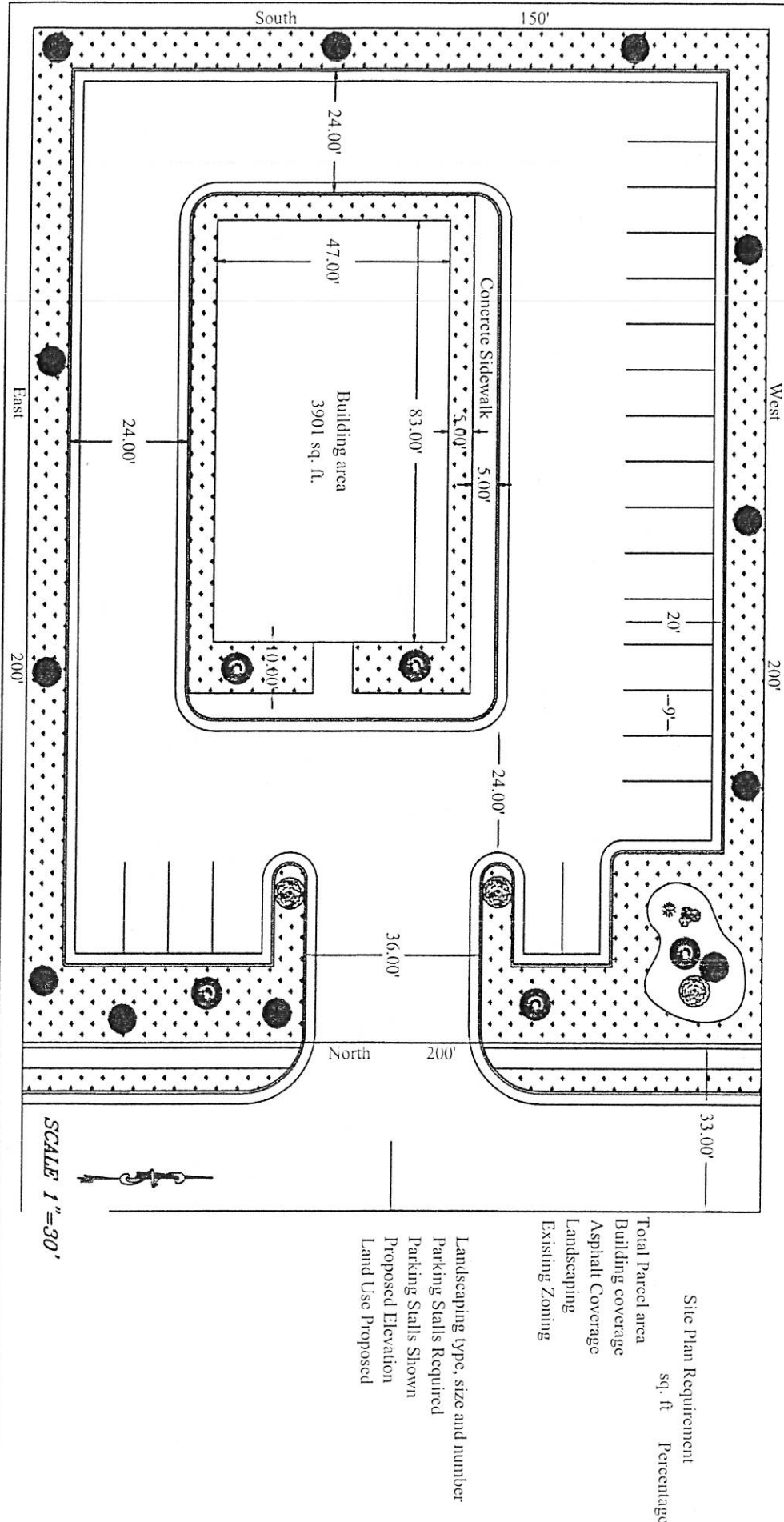
(Notary)

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
- 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

- * Lighting 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



* Does not apply to Home Occupation Conditional Use Applications

Note: This is not a substitution for reading the Weber County Zoning Ordinance.



WEBER COUNTY CMS RECEIPTING SYSTEM OFFICIAL RECEIPT

*** REPRINT ***

Date: 17-DEC-2014

Receipt Nbr: 3580

ID# 25384

Employee / Department: ANGELA - 4181 - PLANNING
Monies Received From: SUMMIT
Template: PUBLIC WORKS
Description: RESTAURANT BUILDING SIGNAGE

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

Total Currency	\$	<u> </u>	.00
Total Coin	\$	<u> </u>	.00
Total Debit/Credit Card	\$	<u> </u>	.00
Pre-deposit	\$	<u> </u>	.00
Total Checks	\$	<u> </u>	125.00
Grand Total	\$	<u> </u>	<u>125.00</u>

Account Number	Account Name	Comments	Total
2014-08-4181-3419-0550-000	ZONING FEES		125.00
TOTAL \$			<u>125.00</u>

Check Amounts

125.00

Total Checks: 1

Total Check Amounts: \$ 125.00

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