|   |   |  | ended to be submitted with<br>gton Blvd. Suite 240, Ogde   | 70070                                     |  |  |
|---|---|--|--|---|--|--|
| Date Submitted / Completed  |   | Fees (Office Use)  | gton biva. saite 2 10, ogae  | Receipt Numbe                             | er (Office Use)  |  |
|   |   |  |  |   |  |  |
| Property Owner Conta  | ct Information  |  |  |   |  |  |
| CLARKE<br>Phone   | FARM,   | LLC.   | Mailing Address  |   |  |  |
| Phone   | Fax   |  | 5 - 4 0/   |   |  |  |
| Email Address   |   |  | Preferred Method of Written Correspondence  Email Fax Mail   |   |  |  |
| Authorized Represent  | ative Contact Info  | rmation  |  |   |  |  |
| Name of Person Authorized to  ET H. Phone 801-388-8   | Represent the Property  ARRIS  Fax  -   | Owner(s)   | Mailing Address of Aut  6502  Huntsu   | chorized Person  Summ  Ille, ut           | A CALL TO A CONTRACT OF THE CALL THE CA |  |
| Email Address ejhannis e omni shaned services-com   |   |  | Preferred Method of Written Correspondence Email Fax Mail  |   |  |  |
| Property Information  |   |  |  |   |  |  |
| Address   |   |  | Land Serial Number(s)  |   |  |  |
| 1   |   |  | 12-0   | 9 0 - 0                                   | 0 4 9  |  |
| Approx: 4   | Lot Number  | 4 84316  | Current Zoning   | 90-0                                      | Acreage  |  |
| Subdivision Name  Culinary Water Provider  Detailed Description of Propo  | Lot Number  Secondary W  sed Use/Structure  | ater Provider  | Current Zoning  AV — 3  Waste Water Provider   | ,   |  |  |
| Subdivision Name  Culinary Water Provider  Detailed Description of Propo  Agri  Pol  Con 1  | Secondary W  sed Use/Structure  CV/TVTa  CE Barn  However   | ater Provider  | Current Zoning  AV — 3  Waste Water Provider   | ,   | Acreage<br>56.80 AC  |  |
| Subdivision Name  Culinary Water Provider  Detailed Description of Propo  | Secondary W  sed Use/Structure  CV/TVTa  CE Barn  However   | ater Provider  | Current Zoning  AV — 3  Waste Water Provider   | ,   | Acreage<br>56.80 AC  |  |
| Subdivision Name  Culinary Water Provider  Detailed Description of Propo  Agri  Pol  Con  Property Owner Affida  L(We). Clarke                                    | Lot Number  Secondary W  sed Use/Structure  LOT A LOT A  Secondary W  Sed Use/Structure  LOT A LOT A  Secondary W  Secondary W | ater Provider  I / ay  36'  Roper  | Current Zoning  AV — 3  Waste Water Provider  Barn  Barn  Barn  Barn  and say that I (we) am (are) the                         | ne owner(s) of the                        | Acreage<br>56.80 AC  |  |
| Culinary Water Provider  Detailed Description of Propo  Agri Pol  Con 7  Property Owner Affida  I (We),   | Secondary W  sed Use/Structure  CV/TVTA  RE Barn  Aractor  avit  Ein contained, the inform  | ater Provider  I / ay  36'  Roper  | Current Zoning  AV — 3  Waste Water Provider  Barn  Barn  Barn  and Say that I (we) am (are) the attached plans and other says | ne owner(s) of the exhibits are in all re | Acreage  56.80 AC  Frontage  property identified in this applica   |  |
| Culinary Water Provider  Detailed Description of Propo  Agri  Pol  Con 7  Property Owner Affida  I (We), Clarica  and that the statements her my (our) knowledge. | Secondary W  sed Use/Structure  CV/TVTA  Re Barn  Aractor  avit  Farm Dein contained, the inform  | Roper  Adepose mation provided in the second | Current Zoning  AV — 3  Waste Water Provider  Barn  Barn  Barn  and Say that I (we) am (are) the attached plans and other says | ne owner(s) of the exhibits are in all re | Acreage  56.80 AC  Frontage  property identified in this applica   |  |

|   | l (We),   | the owner(s) of the county con                | to represent r                 | ne (us) rec | arding the attac | hed application                        | n and to annear of |
|---|---|---|--------------------------------|-------------|------------------|--|--------------------|
| igner(s) of the Representative Authorization Affidavit who duly acknowledged to me that they executed the same. | (Property Owner)  |   | (Property                      | Owner)      |                  |  |                    |
|   | Dated thisday of, 20<br>signer(s) of the Representative Authorization Affidavit who | , personally appear<br>o duly acknowledged to | ed before me<br>me that they e | executed ti | ne same.         |  | , the              |
|   |   |   |                                |             |                  | ······································ | (Notary            |
|   |   |   |                                |             |                  |  | (100.1)            |
|   |   |   |                                |             |                  |  |                    |
|   |   |   |                                |             |                  |  |                    |
|   |   |   | •                              |             |                  |  |                    |
|   |   |   |                                |             |                  |  |                    |
|   |   |   |                                |             |                  |  |                    |
|   |   |   |                                |             |                  |  |                    |
|   |   |   |                                |             |                  |  |                    |
|   |   |   |                                |             |                  |  |                    |
|   |   |   |                                |             |                  |  |                    |
|   |   |   |                                |             |                  |  |                    |
|   |   |   |                                |             |                  |  |                    |

Date: 7/27/2015



## Planning Commission

Page 1 of 2

# Land Use Permit

Printed: 4/5/2016

Permit Number:

LUP178-2015

Applicant

Name:

CLARKE FARM LLC 1/2

Address:

6502 EAST SUMMIT ROAD

Owner

Name:

CLARKE FARM LLC 1/2

Address:

6502 EAST SUMMIT ROAD

Phone:

Phone:

Zoning:

Parcel

Parcel Number:

220400029

Total Parcel Area: 56.80 Address: 4770 East 2650 North

Eden, Ut 84310

Section:

Township:

7n

Range:

Structure Area Used:

AV-3

1E

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

\*\*See Diagram on Back Side for Setbacks

Subdivision:

Lot(s):

Proposed Structure:

\*If True, Need Certif. Statement

Is Structure > 1,000 Sq. Ft.?

# of Dwelling Units: 0

# of Accessory Bldgs: 1

# Off-Street Parking Regd:



### Permit Checklist:

Public by/Right of Use Road?

> 200 ft. from Paved Road? < 4218 ft. above Sea Level?

Yes Yes

Wetlands/Flood Zone? NA

Culvert Required?

NA

If Yes, Culvert Size:

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

Additional Frontage Regd.?

No

OR Special Exception?

Case #

1296

Meet Zone Area & Frontage?

True

Hillside Review Regd.?

Case #

Culinary Water District:

NA

Waste Water System:

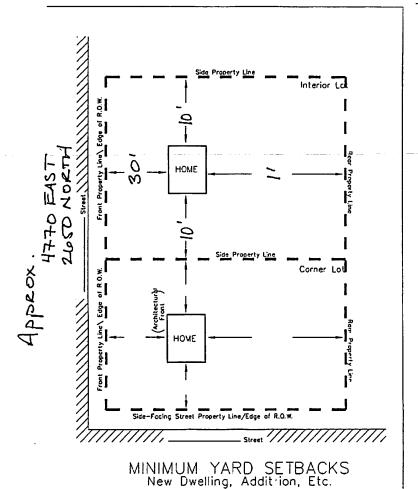
NA

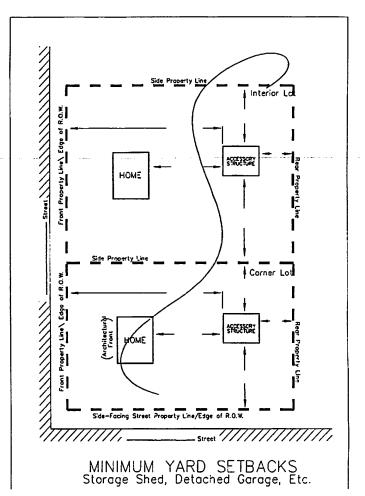
Comments:

Agriculturally exempt structure on 56.80 acre parcel. Processed as an "accessroy" building to the main agricultural use. Structure limited to 25 feet in height. Front setback is a minimum of 30 feet; side setback is a minimum of 10 feet; rear setback is a minimum of 1 foot. Structure is not located in Eden Water Company's Drinking Water Zone.

Structure Setback Graphic:

Agricultural Outbuilding





# HOME HOME Property Line Corner Lot Property Line Property Line Property Line Property Line Corner Lot Property Line Property

### NOTICE FOR APPLICANT (Please Read Before Signing)

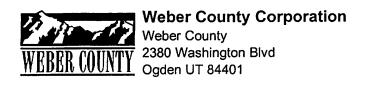
Proposals for the installation of an individual water supply and for a sanitary waste disposal system (septic tank) for any structure designed for human occupation must be approved by the Weber County Health Department prior to installation.

Planning Dept. Signature of Approval Date

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.

4-7-16

Contractor/Owner Signature of Approval Date



| Customer Receipt  |      |  |  |  |
|-------------------|------|--|--|--|
| Receipt<br>Number | 9452 |  |  |  |
| Number            | 9432 |  |  |  |

Receipt Date

04/07/16

Received From: EJ HARRIS

Time: 13:08

|             |              |              | Clerk:  | amarun  |
|-------------|--------------|--------------|---------|---------|
| Description | Con          | nment        |         | Amount  |
| LUP         | LUP          |              |         | \$40.00 |
|             | Payment Type | Quantity     | Ref     | Amount  |
|             | CHECK        |              | 143     |         |
|             | AMT          | TENDERED:    | \$40.00 |         |
|             | AMT          | AMT APPLIED: |         |         |
|             | CHA          | NGE:         | \$0.00  |         |