Date: 11/5/2015



Planning Commission

Page 1 of 2

Land Use Permit

Printed: 11/5/2015

Permit Number:

LUP259-2015

Applicant Name:

James Ortberg

Owner

Name:

James Ortberg

Parcel

Parcel Number: 193350001

Zoning: A-1

Total Parcel Area: 4.874 Acres

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

Address: 3936 North 2975 West

**See Diagram on Back Side for Setbacks

Ogden, UT 84404

Section: 22

Township: 7N

Range:

2W

Subdivision:

Ortberg Subdivision

Lot(s): 1

Proposed Structure:

New Outbuilding

Structure Area Used:

160

Is Structure > 1,000 Sq. Ft.?

*If True, Need Certif. Statement

of Dwelling Units: 1

of Accessory Bldgs: 2

Off-Street Parking Reqd: 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:

...

Additional Frontage Reqd.?

No

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

OR Special Exception?

Case #

Meet Zone Area & Frontage?

True

Hillside Review Regd.?

No

Culinary Water District:

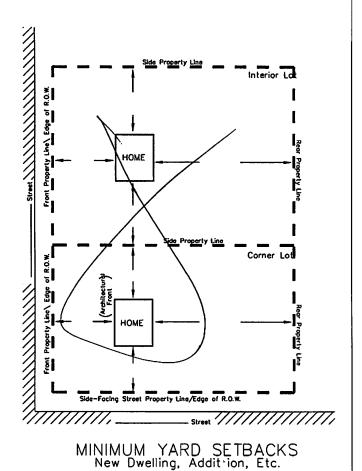
NA

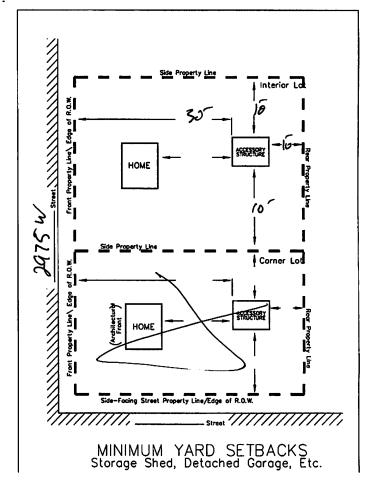
Waste Water System:

NA

Comments: Minimum setbacks are shown on this permit for a 8 x 20 storage shed (shipping container).

Structure Setback Graphic: Storage Shed, Det Minimum setbacks are shown on this permit for a





Side Property Line Property Line Property Line Side Property Li

MINIMUM YARD SETBACKS Born, 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

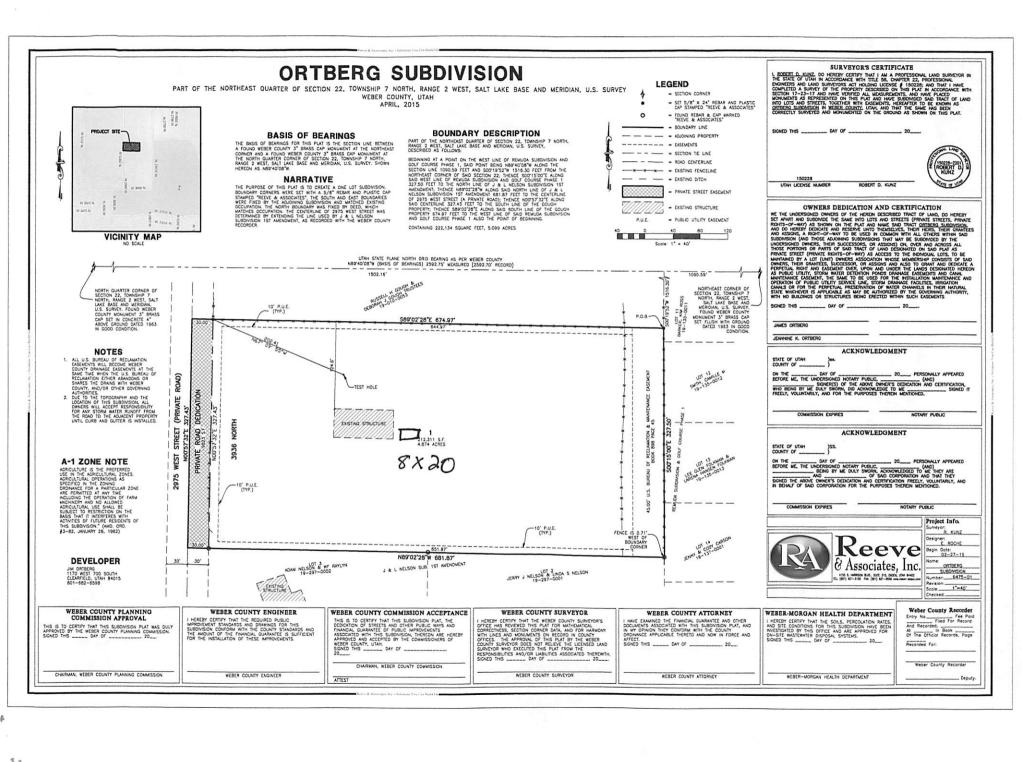
This permit becomes null and void if use or construction authorized has not commenced within 180 days or if there is a zone change affecting this property. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing 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.

Contractor/Owner Signature of Approval Date

LUP# 259-2015

	• •		iended to be submitted with a igton Blvd. Suite 240, Ogden,	• •	
Date Submitted / Completed				Receipt Number (Office Use)	
Property Owner Conta	act Information				
Name			Mailing Address 170 w 7005		
James 0,7679 Tone 801-682-6598 Fax		Cloadill, UT. 84015			
Email Address Jaoithon 2 00/. Com			Preferred Method of Written Correspondence Email Fax Mail		
Authorized Represent		rmation	17)		
Name of Person Authorized to	Represent the Property	Owner(s)	Mailing Address of Autho	orized Person	
Phone	Fax				
Email Address			Preferred Method of Written Correspondence Email Fax Mail		
Property Information			•		
Address 3936 N 2975 W Fair Wast, ut 84464		Land Serial Number(s) 19-335-000(
			Current Zoning	T _A	reage
Subdivision Name Orthers	Lot Number		A 1	^	S.05'
Orthers		ater Provider	Waste Water Provider		
Orthers Culinary Water Provider Detailed Description of Propo	Secondary Wa		A1		5.05'
Culinary Water Provider Detailed Description of Propo	Secondary Wassed Use/Structure		A1		5.05'
Culinary Water Provider Detailed Description of Propose R + 2 0 5 7 Property Owner Affida I (We),	Secondary Wassed Use/Structure Turage building avit Orthores ein contained, the inform	S depose a	Waste Water Provider and say that I (we) am (are) the de attached plans and other exhi	pwner(s) of the pro	5.05'
Culinary Water Provider Detailed Description of Propose R + 2 0 5 7 Property Owner Affida I (We),	Secondary Wassed Use/Structure Turage building avit Orthores ein contained, the inform	S depose a	Waste Water Provider	pwner(s) of the pro	ontage operty identified in this application

I (We),	to repri	oroperty described in the attached a esent me (us) regarding the attache g this application and to act in all re	d application and to appear on
pertaining to the attached application.			
(Property Owner)	(Pr	operty Owner)	
Dated thisday of, 20, personally appeared before mesigner(s) of the Representative Authorization Affidavit who duly acknowledged to me that they executed the same.			
			(Notary
			,





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: 05-NOV-2015

Receipt Nbr: 4706

ID# 34258

Employee / Department: MONALISA

- 4181 - PLANNING

.00

Monies Received From: JAMES ORTBERG

Template: PUBLIC WORKS

Description: 15E302

Total Currency

Total Checks: 1			Total Check Amoun	ts: \$ 97.47
97.47				
Check Amounts				
			TOTAL \$	97.47
2015-08-4241-3221-0000-000 BUILDIN		RMIT		47.47
2015-08-4181-3419-0550-000	ZONING FEES			50.00
Account Number	Account	Name	Comments	Total
Grand Total		\$	97.47	
Total Checks		\$	97.47	
Pre-deposit		\$.00	
Total Debit/Credit Card		\$.00	
Total Coin		\$.00	

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