Weber County Conditional Use Permit 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)				
Property Owner Contact Information						
Name of Property Owner(s) SANCTLANY LANGH LOT 6 Phone 435 901 2 337	Mailing Address of Property Owner(s) T.M CHARWOOD POBOX 980400 PARK CITY UTAIL 84098-0400					
Email Address (required)  TIM CHARLWOOD PEMAIL COM	Preferred Method of Written Correspondence Email Fax Mail					
Authorized Representative Contact Information						
Name of Person Authorized to Represent the Property Owner(s)  7. ~ (1141,00)  Phone  +35 901 2337	Mailing Address of Authorized Person					
Email Address TIM CHARWOOD PGHAN (OM	Preferred Method of Written Correspondence  Email Fax Mail					
Property Information						
Project Name SANCTUMY LWCH	Total Acreage そっ。	Current Zoning				
Approximate Address LOT 6 SANTUALY RANGH	Land Serial Number(s)					
Proposed Use	<u> </u>					
Project Narrative TEMPORY USE GEODESIC DOM ON WOOD PLATFORM BASE HZLI-PAD LOT. G.	12 30 DIMIZION ON COMPACTED A	700/SF lock BASE BY				

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.				
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),	, depose and say that I (we) am (are) the owner(s) of the property identified in this application vided 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 in the County considering this application and to act in all respects as our agent in matters
(Property Owner)	(Property Owner)
Dated thisday of, 20, signer(s) of the Representative Authorization Affidavit who duly	personally appeared before me, the y acknowledged to me that they executed the same.
	(Notary)

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## 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

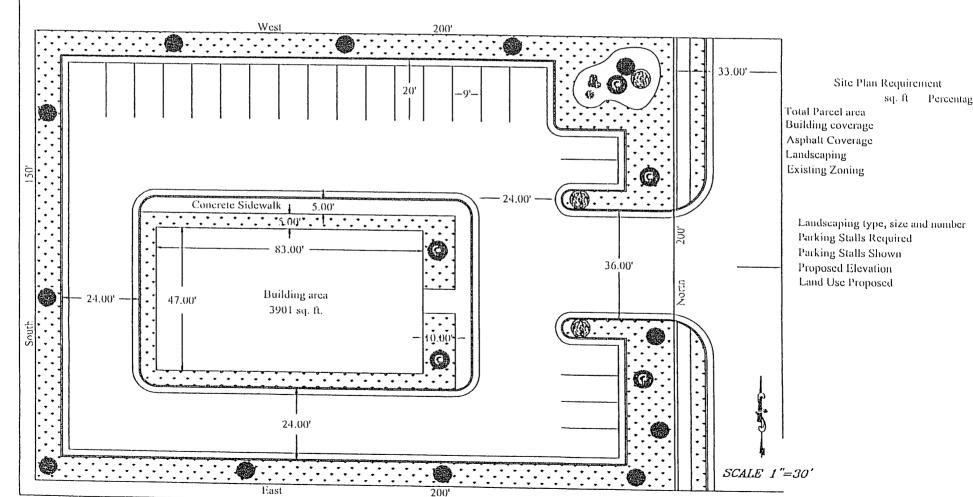
Adjacent streets shall be shown and identified, along with distance from centerline to property Building setbacks and distances Easement on property and on abutting property, that could be affected

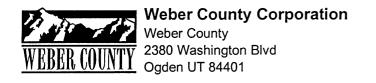
A letter from the Water and Sewer company serving the project or a septic tank approval letter

- \* 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





Customer Receipt
Receipt
Number
21058

**Receipt Date** 

08/18/16

Received From: CUSTOMER

Time: 1

11:08

			Clerk:	tbennett
Description		Comment		Amount
Conditional Use	!	Conditional Use Perm		\$125.00
	Payment Type	Quantity	Ref	Amount
	CHECK		1004	
		AMT TENDERED:	\$125.00	
		AMT APPLIED:	\$125.00	
		CHANGE:	\$0.00	