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 12/17/19	Fees (Office Use)	Receipt Number (Office Use)	File Number (Office Use)				
Property Owner Contact Information							
Name of Property Owner(s) ZIONS BAN COMPORATION - ERICH BEAL Phone Fax 801-844-7027 Mailing Address of Property Owner(s) ZIONS BAN FIRST NAT 1 SOUTH MAIN SLC, Ut 94133			10NAL BANK Attn. Erica Beal UT 26-80194				
Errica. Beal@ 21045 ba	unk.com	Preferred Method of Written Correspondence Mail Fax Mail					
Authorized Representative Contact Information							
Name of Person Authorized to Represe Ben Nicholls - Co Phone Bol-G68-0936 Email Address		Mailing Address of Authorized Person 1421 N 7275 F 1 HUNGVIIIE, Ut 84317					
Bennicholls @ hote	hail com	Preferred Method of Written Correspondence Email Fax Mail					
Property Information							
Project Name VALLEY PHYSICA (- THERAPY	Current Zoning	Total Acreage				
Approximate Address 2487 N HWY 158 Eden, Ut 84310	(land Serial Number(s) Parce # 22046076 220460076					
Proposed Use Medical / Health Clinic							
Project Narrative Physical therapy Medicallheaith Clinic treat outpertient Clients recovering from surgery or injury Rehabilitation							
canging then and wellness treatment.							

Property Owner Affidavit	
I (We),, depose and say that and that the statements herein contained, the information provided in the attached my (our) knowledge.	I (we) am (are) the owner(s) of the property identified in this application 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	
I (We), Ben & Can was Nicholl Sthe owner(s) of the r (our) representative(s),, to my (our) behalf before any administrative or legislative body in the County consideration pertaining to the attached application.	represent me (us) regarding the attached application and to appear on
(Property Owners Leasee	Property Owners Lease e
Dated this 17 day of December 20 19 personally appeared signer(s) of the Representative Authorization Affidavit who duly acknowledged to me	before me Kary C. Servano, the e that they executed the same.
	Hary C. Serrano (Notary)
	KARY C. SERRANO NOTARY PUBLIC • STATE of UTAH COMMISSION NO. 704728 COMM. EXP. 02-20-2023

Name: Valley Physical Therapy Owner: Zions Bancorporation Zions First National Bank

1 South Main SLC, UT 84133

Plan Preparer: Candace Nicholls

1421 N 7275 E

Huntsville, UT 84317

Intended Use: Physical Therapy Medical/ Health Clinic

Treat outpatient clients recovering from surgery or injury.

Rehabilitation and wellness treatment.

Tax ID #:22-046-0076

Zoning: CV-2

Adjacent land zoning: CV-2 Bank, Maverick Service Station

Buildings/Hard Surface: 90%

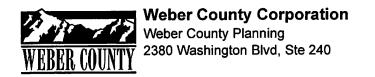
Sign Information:

1-Wall sign mounted on the east side of the building. Size: 4x8 feet

2-Window signs on East and South windows. Size: 2x3 feet

3-Freestanding Sign South adjacent to street. Mounted on timber sign poles 8 inch x 8 inch, bound by 8 inch height timbers mounted on ground. Size: 4x6 feet

4-1 Portable sign on display during business hours



Customer Receipt

Receipt Number 124051

Receipt Date

12/17/19

Received From:

VALLEY PHYSICAL THER

Time:

09:48:2

Clerk:

amartin

			Olonii C	
Description	Cor	mment		Amount
ZONING FEES	DR	AMEND		\$270.00
	Payment Type	Quantity	Ref	Amount
	CHECK		152	
	AMT TENDERED:		\$270.00	
	AM	T APPLIED:	\$270.00	
	CHA	ANGE:	\$0.00	