

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 Bancorporation - ERICA BEAL | | Mailing Address of Property Owner(s) ZIONS BANK FIRST NATIONAL BANK 1 SOUTH MAIN Attn: Erica Beal SLC, UT 84133 UT 2B-80194 | |
| Phone 801-844-7027 | Fax | Preferred Method of Written Correspondence <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail | |
| Email Address Erica.Beal@zionsbank.com | | | |

Authorized Representative Contact Information

| | | | |
|---|-----|--|--|
| Name of Person Authorized to Represent the Property Owner(s) Ben Nicholls - Candace Nicholls | | Mailing Address of Authorized Person 1421 N 7275 E Huntsville, UT 84317 | |
| Phone 801-668-0936 | Fax | Preferred Method of Written Correspondence <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail | |
| Email Address Bennicholls@hotmail.com | | | |

Property Information

| | | |
|---|--|-----------------------|
| Project Name VALLEY PHYSICAL THERAPY | Current Zoning CV-2 | Total Acreage 0.61 |
| Approximate Address 2487 N HWY 158 Eden, UT 84310 | Land Serial Number(s) Parcel # 22046076 22046076 | |

Proposed Use
Medical / Health Clinic

Project Narrative
physical therapy medical/health clinic treat outpatient clients recovering from surgery or injury. Rehabilitation emergency ~~and~~ and wellness treatment.

Property Owner Affidavit

I (We), _____, 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.

(Property Owner)

(Property Owner)

Subscribed and sworn to me this _____ day of _____, 20 _____.

(Notary)

Authorized Representative Affidavit

I (We), BEN & CANDICE Nicholls the owner(s) of the real property described in the attached application, do authorized as my (our) representative(s), _____, 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.

[Signature]
(Property Owner) Leasee

[Signature]
(Property Owner) Leasee

Dated this 17 day of December, 20 19, personally appeared before me Kary C. Serrano, the signer(s) of the Representative Authorization Affidavit who duly acknowledged to me that they executed the same.

[Signature]
(Notary)



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
Window - 3x6 ft

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



Weber County Corporation
 Weber County Planning
 2380 Washington Blvd, Ste 240

| Customer Receipt | |
|------------------|--------|
| Receipt Number | 124051 |

| |
|--------------|
| Receipt Date |
| 12/17/19 |

Received From:
 VALLEY PHYSICAL THER

Time: 09:48:2
 Clerk: amartin

| Description | Comment | Amount |
|-------------|----------|----------|
| ZONING FEES | DR AMEND | \$270.00 |

| Payment Type | Quantity | Ref | Amount |
|--------------|----------|-----|--------|
| CHECK | | 152 | |

AMT TENDERED: \$270.00
 AMT APPLIED: \$270.00
 CHANGE: \$0.00