vvene	er County Condition	ai use Permit Appi	ication	
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 Info	ormation			
Name of Property Owner(s) DENNIS & CATHY LONGFELLOW Phone Fax 801 628 1235		Mailing Address of Property Owner(s) 4427 POWDER MOUNTAIN ROAD EDEN UT 84310		
nuc4561@yahoo, com		Preferred Method of Written Correspondence Email Fax Mail		
Authorized Representative C	Contact Information			
Name of Person Authorized to Represent the Property Owner(s) DENNIS LONGFELLOW Phone Fax 801 628 1235		Mailing Address of Authorized Person 4427 POWDED MOUNTAIN ROAD EDEN UT 84310		
huc 4561 @ yahoo, com		Preferred Method of Written Correspondence Email Fax Mail		
Property Information				
Project Name BED & BREAKE	AST	Total Acreage	Current Zoning	
Approximate Address 4427 POWDER N EDEN UT 843	MOUNTAIN ROAD	Land Serial Number(s) PAPCEL H	22-117-0010	
Proposed Use BED & BREAKE Project Narrative	FAST IN BASEME	NT.		
A BED & BREAK	FAST DWELLING	LOCATED IN BA	SETJENT OF	

Property Owner Affidavit		
and that the statements herein contained, the information pmy (our) knowledge. [Property Owner] Subscribed and sworn to me this 25 day of Nove	depose and say that I (we) am (are) the owner(s) of the property identified in this application in the attached plans and other exhibits are in all respects true and correct to the best and correct	tion
Authorized Representative Affidavit	(Not	ary)
I (We),	the owner(s) of the real property described in the attached application, do authorized as to represent me (us) regarding the attached application and to appear by in the County considering this application and to act in all respects as our agent in mat	00.
(Property Owner)	(Property Owner)	
Dated thisday of, 20 signer(s) of the Representative Authorization Affidavit who de		the
	(Note	iry)