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) Phone Phon	Mailing Address of Property Owner(s)  PO BOY 10 74  Eden . Ut 84310					
Pats 3400 @ hotmail (om	Preferred Method of Written Correspondence    Email   Fax   Mail					
Authorized Representative Contact Information	Dig-It @ ovalle	y-net				
Name of Person Authorized to Represent the Property Owner(s)  Than y brom or  Phone  Phone  Fax	Mailing Address of Authorized Person PO BOX 774 Eden, Ut 84310					
pats 2400 promail com	Preferred Method of Written Correspondence   Email   Fax   Mail					
Property Information						
Project Name	Total Acreage	Current Zoning				
Approximate Address 2012 N. Hwy 162 Eden. Ut 84310	Land Serial Number(s)					
Proposed Use						
Project Narrative Sadoon Seer To	vern					

roperty Owner Affidavit			<u>n to esta la major de la trabajo de la companio de</u>
(We), and that the statements herein contained, the ny (our) knowledge	, depose and he information provided in the a	say that I (we) am (are) the owner(s) ttached plans and other exhibits are	of the property identified in this applica in all respects true and correct to the be
Mange			
Property Owner)		(Property Owner)	
ubscribed and sworn to me this	day of, 20		
		5-16-31 (	(Not
uthorized Representative Affida	⁄it		
(We),	, the owner(s)	of the real property described in the	e attached application, do authorized as
our) representative(s), ay (our) behalf before any administrative o ertaining to the attached application.	r legislative body in the County	, to represent me (us) regarding r considering this application and to	the attached application and to appear act in all respects as our agent in mat
roperty Owner)		(Property Owner)	
roperty Owner)		(Property Owner)	
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## 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: 27-AUG-2014

Receipt Nbr: 3289

ID# 22938

125.00

Employee / Department: ANGELA

- 4181 - PLANNING

Monies Received From: PLANNING

Total Checks: 1

Template: PUBLIC WORKS

Description: CUP

125.00			
Check Amounts		TOTAL \$	125.00
2014-08-4181-3419-0550-000 ZONING FEES			125.00
Account Number Acc	ount Name	Comments	Total
Grand Total	\$	125.00	
Total Checks	\$	125.00	
Pre-deposit	\$	.00	
Total Debit/Credit C	ard <sub>\$</sub>	.00	
Total Coin	\$	.00	
Total Currency	\$	.00	۵

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

**Total Check Amounts: \$** 

