## **Tremonton City** Conditional Use Application 102 South Tremont Street • Tremonton • Utah 84337 Phone: (435) 257-9500 • Fax: (435) 257-9513



Project/Business Information				
Application Date:		File Number: (Office Use Only)		
Project/Business Name:				
Location or Address of the proposed Co	onditional Use Permit:			
Please describe the proposed Condition	al Use:			
Property Owner Informs	ation			
Property Owner:				
Address:		Telephone:		
City:	State:	Zip:	Alt. Telephone:	
Email Address:		Fax:		
Authorized Agent Inform	nation			
Authorized Agent:				
Address:		Telephone:		
City:	State:	Zip:	Alt. Telephone:	
Email Address:		Fax:		
Required Documents		For Office Use Only		
The following documents shall be submitted in their entirety. With a Conditional Use application any documents that fail to be included with this application could delay the process of review and the entire application may be returned to the applicant as incomplete.		Amount Paid:		
☐ Written Statement. A written statement explain details surrounding the proposed Conditional Use Application and how the application is consistent with all of the standards and requirements of Chapter 1.25 and other applicable Chapters and Sections of Title I.		Receipt Number: Fees Received By:		
Additional Documents. Depending upon if the Conditional Use application is being proposed in an existing building or if the proposed Conditional Use also requires a Site Plan Permit, the Zoning Administrator or Planning Commission may require additional documents to be submitted. As a guide to determining applicable documents to be submitted the Zoning Administrator or Planning Commission may use the documents required for submission for a Site Plan Permit.		Land Use Authority		
		Land Use Authority:		
		Meeting Date:		
☐ Fee. A processing fee of \$20.00 shall be paid in full. With a Subdivision application \$20.00 plus \$4.00 per lot shall be paid in full.		Approval Signature:		
APPLICANT CERTIFICATION: I certify under penalty of perjury that this application and all information submitted as a part of this application are true, complete and accurate to the best of my knowledge. I also certify that I am the owner of the subject property and that the authorized agent noted in this application has my consent to represent me with respect to this application. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Tremonton City may rescind any approval, or take any other legal or appropriate action. I also acknowledge that I have reviewed the applicable sections of the Tremonton City Land Use Code and the checklist contained in this application are minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. Additionally, I acknowledge that I have reviewed and understand the section from the Consolidated Fee Schedule and hereby agree to comply with this Resolution. I also agree to allow the Staff, Planning Commission, or City Council or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof.				
Property Owner's Signature:		Da	Date:	