

# IRON COUNTY BUILDING AND ZONING DEPARTMENT

82 NORTH 100 EAST, SUITE 102

CEDAR CITY, UT 84720

OFFICE: (435) 865-5350 - FAX: (435) 865-5359

## APPLICATION FOR CONDITIONAL USE PERMIT

(This is not a permit)

Please review the Iron County Land Management Code, including the Zoning Ordinance and other applicable ordinances prior to filing the application.

Date: \_\_\_\_\_

Proposed Use from the Use Definitions in §17.20.010 Iron County Code/Zoning Ordinance:

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Address of Property for Conditional Use Permit request: \_\_\_\_\_

Legal Description: Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_ West \_\_\_\_\_

Lot: \_\_\_\_\_, Block: \_\_\_\_\_, Subdivision: \_\_\_\_\_

Assessor's Parcel No: \_\_\_\_\_ Account No: \_\_\_\_\_

Name of person(s) representing proposal: \_\_\_\_\_

The following information is required to be submitted with the application. These requirements are a minimum. Other information may be required by County Staff and/or Planning Commission:

1. A map showing the layout of adjoining property owners in relation to the subject property.
2. The names and mailing addresses of the owners of record of the surrounding property.
3. The attached "Affidavit of Legal Interest" completed by the legal owner of record.
4. The land description and copy of property deed.
5. A detailed location plan.
6. A detailed site plan including: the lot shape and dimensions, all streets identified with numbers or addresses, all rights-of-way, easements, utilities, wells, springs, ditches, flood channels, livestock trails, and future and existing buildings.
7. A simple building plan, if applicable.
8. A detailed description of the proposed use with a statement indicating why the proposed use will not be unduly detrimental or injurious to property or improvements in the vicinity, and will not be detrimental to the public health, safety, or general welfare.

9. Any other information the applicant/owner, County Staff, or Planning Commission deems helpful to determine compliance with all applicable ordinances.
10. A \$250.00 non-refundable Filing Fee paid at the time of submitting the application. Advertising costs will be billed at a later date.
11. Provide 16 copies of all supporting documentation, segregated into individual packets.

Guarantees

All improvements associated with the Conditional Use Permit must be completed and inspected by the Iron County Building and Zoning Department, or County Engineer. Adequate approved guarantees must be in place to assure their timely completion.

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Applicant Certification

State of \_\_\_\_\_ :  
 County of \_\_\_\_\_ :

I certify under penalty of perjury that this application and all information submitted as part of this application are true, complete and accurate to the best of my knowledge. I also acknowledge that I have reviewed the Iron County Code and understand the items contained in this application are minimum requirements only and other items may be required which are unique to individual projects, locations, and/or uses of the request. I agree to comply with all applicable county ordinances in effect at this time. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Iron County may rescind any approval, or take any other legal or appropriate action. I understand that all fees and interest paid on my behalf are forfeited. I agree to allow the County Staff, Planning Commission, Board of County Commissioners, County Attorney, or Sheriff's Department to enter the subject property for any necessary inspection thereof.

\_\_\_\_\_  
 Signature Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, personally appeared before me to be the signer of the foregoing document and that he/she acknowledged that he/she signed it.

\_\_\_\_\_  
 Notary Public My Commission Expires

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Affidavit of Legal Interest

State of \_\_\_\_\_ )
: ss
County of \_\_\_\_\_ )

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Being first duly sworn upon oath, depose and say:

(If Applicant is also Owner of Record, skip to B)

A. That I am the owner of record of the property described on the attached, and I grant my permission to \_\_\_\_\_:

(Please specify)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_, City, State, Zip: \_\_\_\_\_

B. I agree to indemnify, defend and hold Iron County and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein as to the ownership of the property.

Signature of Owner of Record

Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public

My Commission expires: \_\_\_\_\_