



3200 West 300 North
West Point, Utah, 84015
(801) 776-0971
Fax (801) 525-9150
www.westpointcity.org

Enhancing Quality of Life

APPLICATION FOR A CONDITIONAL USE PERMIT

Name of Applicant _____

Phone Number _____ FAX _____ email _____

Mailing Address _____

Subject Property Address _____, West Point, UT

Size of Lot _____ Zone _____ Square Footage of Dwelling _____

Square Footage of Space Intended for Conditional Use _____

Detailed Description of Conditional Use and Potential Impacts on Residential Use

I certify that this conditional use will comply with all required conditions and standards of West Point City's Land Use Ordinance, will be harmonious with neighboring uses, will fit the goals of the city's general plan, and imposes no insatiable demands for public services. I also understand that issuance of a conditional use permit shall not relieve me of the responsibility to comply with applicable land use ordinances, health, building, or fire code regulations.

Applicant Signature

Land Owner Signature

Date

AFFIDAVIT
PROPERTY OWNER

STATE OF UTAH)
 : ss
COUNTY OF)

I (we), _____, being duly sworn, depose and say that I (we) am (are) the owner(s) of the property identified in the attached application and that the statements herein contained and the information provided identified in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge. I (we) also acknowledge that I have received written instructions regarding the process for which I am applying and the West Point City Planning staff have indicated they are available to assist me in making this application.

(Property Owner)

(Property Owner)

Subscribed and sworn to me this _____ day of _____ 200__.

(Notary Public)

Residing in: _____

My Commission Expires: _____

Agent Authorization

I (we), _____, the owner(s) of the real property described in the attached application, do authorize as my (our) agent(s) _____ to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the City considering this application and to act in all respects as our agent in matters pertaining to the attached application.

(Property Owner)

(Property Owner)

Subscribed and sworn to me this _____ day of _____ 200__.

(Notary Public)

Residing in: _____

My Commission Expires: _____

Please have neighbors that adjoin your property sign below. Those individuals that sign below are only stating that they are aware that you are applying for a conditional use permit and not necessarily that they approve of the application or project.

Name

Address

Signature
