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WENDOVER, UT 84083



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CONDITIONAL USE PERMIT APPLICATION
Fee \$100 Annual

Request for Conditional Use for:

Applicant Name: _____

Service Location: _____

Parcel Number: _____ **Zone:** _____

Mailing Address: **P.O. Box** _____ []: Wendover, UT 84083
[]: West Wendover, NV 89883

Other: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Other Phone:** _____

The following representative is authorized to present this request to the Wendover City Planning Commission and City Council. (OPTIONAL)

Representative Name: _____

Mailing Address: **P.O. Box** _____ []: Wendover, UT 84083
[]: West Wendover, NV 89883

Other: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Other Phone:** _____

Application is hereby made to the Wendover City Planning Commission and City Council requesting that:

(Attach a location map, site and building plan, and detailed description of proposed use.) Proof of insurance and sales tax # if selling is required.

Required Items to be submitted with Application

1. A plat map of the parcel, and
2. A three hundred (300) foot radius of the subject property indicated on a plat map.
3. The names and mailing addresses are placed on mailing labels of all property owners within a three hundred (300) foot radius of the property; Stamped Envelopes also need to be included.

I (We) understand that the Wendover City Planning Commission shall not authorize a **1-YEAR CONDITIONAL USE PERMIT**, unless the evidence presented is such as to establish that such use will not, under the circumstances of the particular case be determined to the health, safety or general welfare of persons residing or working in the vicinity and the proposed use will comply with the regulations and conditions specified in the Wendover City Zoning Ordinance for such use. Furthermore, any C.U.P. approved and issued is only valid for 1 year, and it must be renewed annually, and the associated \$100 fee must also be paid annually and/or after 12 months.

Applicant Signature

Applicant Representative Signature

Print Name

Print Name

Date

Date