

Town of Dutch John



PO Box 235

Dutch John, UT 84023

www.dutchjohn.org

For Office Use Only:

Date Received: _____ Fee: _____

Received By: _____ Cash/Check/CC: _____

Assigned To: _____ Receipt No. _____

Date Reviewed: _____ File No. _____

Information Complete YES NO

CONDITIONAL USE PERMIT

RENEWAL

APPLICATION & SUBMITTAL CHECKLIST

Name: _____ Telephone: _____

Address: _____ Fax #: _____

Email: _____

Agent (If applicable): _____ Agent's Phone: _____

Address of Subject Property: _____

Tax ID of Subject Property: _____ Zone District: _____

Proposed Master Plan Amendment: Describe, use extra sheet if necessary

Applicant

This application shall be accompanied by the following:

Staff

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | 1. A vicinity map showing the general location of the application property. | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. Three (3) copies of a plot plan showing the following: | <input type="checkbox"/> |
| <input type="checkbox"/> | • Property boundaries, dimensions and existing streets. | <input type="checkbox"/> |
| <input type="checkbox"/> | • Location of existing & proposed buildings, parking, landscaping and utilizes. | <input type="checkbox"/> |
| <input type="checkbox"/> | • Adjoining property lines and uses within 100' of subject property. | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. A reduced copy of all plans 8 ½ x 11 if readable, or 11 x 17) if original plans are larger. | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. Building elevations for new construction, noting proposed materials and colors. | <input type="checkbox"/> |

- 5. Applicant’s responses to the Conditional Use Permit standards for review (attached).
- 6. A statement indicating whether the applicant will require a variance in connection with the proposed conditional use permit. (If required, the variance should be filed with the Conditional Use Permit submittal).
- 7. Warrant deed, preliminary title report, or other document (see Affidavit of Property Owner attached) showing evidence that the applicant has control of the property.
- 8. Town’s Inspection Report.

NOTE: It is important that all applicable information noted above is submitted with the application. An incomplete application will not be scheduled for Planning & Zoning Commission consideration. Once your application is deemed complete, it will be put on the agenda for the next Planning Commission meeting.

PURPOSE

It is purpose of a conditional use permit to allow flexibility in zoning, by permitting a discretionary review of a project or use that by its character may not be compatible with uses which are permitted in the zone and allowing such se when it can be found to be compatible with the neighborhood in which it is located. Conditional Use Permits may be issued as provided by the Zoning ordinance for any of the uses for which a Conditional Use Permit is required as identified in the Table of Uses.

WHEN REQUIRED

The Conditional Use Permit is primarily required whenever the Land Use Ordinance specifies the use as a conditional use. It is also used for other specified situation such as allowing building heights that exceed the maximum allowed within the zone.

Reference Chapter 8, CONDITIONAL USE PERMITS;

Section 803 – Conditions for Approval:

Section 806 – Procedure and Hearing for application for a Conditional Use Permits or revocation or modification of a Conditional Use Permit:

Fee: \$250 / Renewal: \$50

<p>OFFICE USE ONLY</p> <p>CONDITIONAL USE PERMIT: ___ Approved ___ Denied Date: _____</p> <p>Notes / Special Conditions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Attest: _____ Town Clerk Fee Paid Yes No</p>
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PLEASE SEE ATTACHED ADDENDUM BELOW FOR SHORT-TERM RESIDENTIAL RENTAL UNIT AS A CONDITIONAL USE

AFFIDAVIT

PROPERTY OWNER

STATE OF UTAH): ss

COUNTY OF DAGGETT)

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 (we) received written instructions regarding the process for which I (we) am (are) applying and the Dutch John Planning and Zoning staff have indicated they are available to assist me (us) in making this application.

(Property Owner)

(Property Owner)

Subscribed and sworn to me this _____ day of _____ 20__.

(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 Town considering this application and to act in all respects as my (our) agent in matters pertaining to the attached application.

(Property Owner)

(Property Owner)

Subscribed and sworn to me this _____ day of _____ 20__.

(Notary Public)

Residing in: _____

My Commission Expires: _____

APPLICATION for SHORT-TERM RESIDENTIAL RENTAL UNIT as a CONDITIONAL USE

NOTICE: Please complete each statement below. Incomplete applications will not be accepted.

Property Owner Information

Owner Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Type of Ownership: Individual(s) Partnership Trust LLC Other: _____

***A list of all corporate officers or partners must be included. This list must include name, home address and phone numbers.**

TYPE OF RENTAL MANAGEMENT:

 Owner Manages Only Rental Agent & Owner Manages Rental Agent Manage Only

Rental Property Address _____

Sales Tax Number: _____

Assessor’s Parcel Number: _____ Hot Tub: (Yes / No) Swimming Pool: (Yes / No)

House Living Area (Approx. Square Footage): _____ Number of Bedrooms: _____

Maximum Number of Overnight Occupants: _____ Number of On-site Paved Parking Spaces: _____

DIAGRAM OR PHOTOGRAPH OF PARKING FACILITIES MUST BE INCLUDED

Website Address: _____

Management Company: _____

Contact Name: _____ Phone Number: _____

Property Maintenance Contact: _____ Phone Number: _____

REQUIRED FOR ALL PROPERTIES: Emergency 24-hour Contact*

*Attach Emergency Contact Form must be included

Name: _____

24 Hour Contact Phone Number: _____

Address: _____

I certify that all information contained herein is accurate, to the best of my knowledge. I certify that I have read, understand, and will comply with the short-term rental regulations listed in the Town of Dutch John Planning and Zoning Ordinance, **Chapter 8**. I certify that all designated bedrooms meet all the local safety and building code requirements. I acknowledge that I will post the notice(s) required in the Town of Dutch John Planning and Zoning Ordinance, **Chapter 8, Section 807** in this short-term home rental. I acknowledge that prior to using this property as a short-term home rental I must obtain all pertinent inspection approvals and pay all fees due. I acknowledge that the Town of Dutch John has the right to inspect this property. I will notify the Town of Dutch John changes to the permit, management mailing address or change of ownership. I understand I must keep my license current and that change of ownership in non-transferrable.

Signature of Property Owner(s): _____ Date: _____

EMERGENCY CONTACT RESPONSIBILITY

This is to inform you of your responsibility as the local contact for:

Property Owner(s): _____

Address of Rental Property: _____

Each owner of a short-term rental shall designate a responsible party who has access and authority to assume management of the unit and take remedial measures. The responsible party person shall be available 24 hours a day to respond to tenant and neighborhood questions or concerns within one (1) hour. An owner of a short-term rental who resides in the Town of Dutch John may designate themselves as the responsible person. Any change in the local contact person’s address or telephone number shall be promptly furnished to the Town Clerk. Due to the language “**assume management of the unit and take remedial measures**”, you are responsible for contacting the renters when you have been notified or noise or parking complaints.

You may be contacted by the Daggett County Sheriff’s Department or by neighbors to secure the property as needed. Therefore, your phone number will be available upon request to law enforcement staff, as well as to all he neighbors, and will be posted on the short-term rental home sign for the renter’s and law enforcement.

Local Contact Name: _____

Local Contact Signature: _____

Local Contact Address: _____

Phone Number: _____ **Date:** _____

If you agree to these guidelines, please sign this notice and return to the address below.

ADDENDUM for SHORT-TERM RESIDENTIAL RENTAL UNIT

Addendum #1: _____

Addendum #2: _____

Addendum #3: _____

Addendum #4: _____

Addendum #5: _____

Addendum #6: _____

Town of Dutch John

ATTN: Town Clerk

PO Box 235

Dutch John, UT 84023

OFFICE USE ONLY

CONDITIONAL USE PERMIT: ___ Approved ___ Denied Date: _____

Notes / Special Conditions:

Attest: _____ Town Clerk Fee Paid Yes No