

# CONDITIONAL USE PERMIT

**Town of Apple Valley**  
1777 North Meadowlark Dr.  
Apple Valley, Utah 84737  
(435)877-1190  
Fax (435)877-1192

**Fee: \$300**

<i>For Office Use Only:</i> <b>File No.</b> _____ <b>Receipt No.</b> _____
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## APPLICATION & SUBMITTAL CHECKLIST

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Agent (If applicable):** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Address of Subject Property:** \_\_\_\_\_

**Tax ID of Subject Property:** \_\_\_\_\_ **Zone District:** \_\_\_\_\_

**Proposed Conditional Use:** (Describe, use extra sheet if necessary) \_\_\_\_\_

### **This application shall be accompanied by the following:**

- \_\_\_\_ 1) A vicinity map showing the general location of the application.
- \_\_\_\_ 2) Three (3) copies of a plot plan showing the following:
  - \_\_\_\_ Property boundaries, dimensions and existing streets.
  - \_\_\_\_ Location of existing and proposed buildings, parking, landscaping and utilities.
  - \_\_\_\_ Adjoining property lines and uses within one hundred (100) feet of subject property.
- \_\_\_\_ 3) A reduced copy of all plans (8 1/2 x 11 if readable, or 11 x 17) if original plans are larger.
- \_\_\_\_ 4) Building elevations for new construction, noting proposed materials and colors.
- \_\_\_\_ 5) Traffic impact analysis, if required by the Town Engineer or the Planning Commission.
- \_\_\_\_ 6) Applicant's responses to the Conditional Use Permit standards for review (attached)
- \_\_\_\_ 7) 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.)
- \_\_\_\_ 8) Warranty deed, preliminary title report, or other document (see Affidavit of Property owner attached) showing evidence that the applicant has control of the property;

**NOTE: It is important that all applicable information noted above is submitted with the application. An incomplete application will not be scheduled for Planning Commission consideration. Contact the Planning Department for the deadline date for submissions. Once your application is deemed complete, it will be put on the agenda for the next Planning Commission meeting. A deadline missed due to an incomplete application could result in a month's delay.**

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(Office Use Only)

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date application deemed to be complete: \_\_\_\_\_ Completion determination made by: \_\_\_\_\_

# CONDITIONAL USE PERMIT

## PURPOSE

It is the 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 use when it can be found to be compatible with the neighborhood in which it is located.

## 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 situations such as allowing building heights that exceed the maximum allowed within the zone.

## APPROVAL STANDARDS (From **Section 10:20** of Land Use Code)

To authorize a conditional use permit the Planning Commission at a public meeting must find that the evidence presented establishes:

- a) The proposed use will not be detrimental to the health, safety or general welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity.
- b) The proposed use of the particular location is necessary or desirable to provide a service or facility which will contribute to the general well-being of the neighborhood and the community; and
- c) The proposed use will comply with regulations and conditions specified in Land Use Ordinance for such use.
- d) The Planning Commission may request additional information as may be reasonably needed to determine whether the requirements of this subsection can be met.

## APPEALS

Any person adversely affected by a decision of the Planning Commission regarding the transfer, issuance or denial of a conditional use permit, may appeal such decision to the Board of Adjustment by filing written notice of appeal, stating the grounds therefore within fourteen (14) from the date of Planning Commission decision. The appeal is filed with the Clerk of the Board of Adjustment located in the Planning Department. The decision of the Board of Adjustment is final unless appealed to a court of competent jurisdiction within thirty (30) days from the date of decision of the Board of Adjustment.

## Conditional Use Permit Standards for Review

Please provide responses to the following for the Commissions review:

- a. *The harmony and compliance of the proposed use with the objectives and requirements of the Town's General Plan and the Land Use Code;*
- b. *The suitability of the specific property for the proposed use;*
- c. *The development or lack of development adjacent to the proposed site and the harmony of the proposed use with existing uses in the vicinity;*
- d. *Whether or not the proposed use or facility may be injurious to potential or existing development in the vicinity*
- e. *The economic impact of the proposed facility or use on the surrounding area;*
- f. *The aesthetic impact of the proposed facility or use on the surrounding area;*
- g. *The number of other similar conditional uses in the area and the public need for the proposed conditional use;*
- h. *The present and future requirements for transportation, traffic, water, sewer, and other utilities, for the proposed site and surrounding area*
- i. *The safeguards proposed or provided to insure adequate utilities, transportation access, drainage, parking, loading space, lighting, screening, landscaping, open space, fire protection, and pedestrian and vehicular circulation*
- j. *The safeguards provided or proposed to prevent noxious or offensive emissions such as noise, glare, dust, pollutants and odor from the proposed facility or use;*
- k. *The safeguards provided or proposed to minimize other adverse effects from the proposed facility or use on persons or property in the area; and*
- l. *The impact of the proposed facility or use on the health, safety, and welfare of the Town, the area, and persons owning or leasing property in the area.*

**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 knowledge. I (we) also acknowledge that I have received written instructions regarding the process for which I am applying and the Apple Valley Town 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 \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
(Notary Public)

Residing in: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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**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 body in the Town of Apple Valley 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 \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
(Notary Public)

Residing in: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_