

APPLICATION FOR BUSINESS LICENSE

NAME _____

BUSINESS NAME _____

PHYSICAL/MAILING ADDRESS _____

PHONE #'S _____

EMAIL ADDRESS: _____

Description of Business

Zoning Administration

Type of Permit: Home Occupation Premise Other _____
Fee: _____

Permit Level: Level I Level II Level III

Approval: _____ Date: _____

Building Inspection

Approval: _____ Date: _____

Board of Commissioners

Approval: _____

Date: _____

Clerk/Auditor's Office

Fee Paid: _____ Certificate # _____ Date: _____

HOME OCCUPATIONS – Level 1 permit

- (1) The home business will be conducted entirely within a dwelling and will be carried on in the dwelling only by members of the residing family.
- (2) The home business will not involve the use of any accessory buildings or yard space for storage or activities outside of the dwelling.
- (3) There will be no facilities in the home for the display of goods or services. Any sale of goods and services shall constitute a clearly incidental part of the operation.
- (4) No commercial vehicles will be used for the home business, except one delivery truck or van which may not exceed three-fourths (3/4) ton rated capacity.
- (5) The home business will be clearly incidental and secondary to the use of the dwelling for residential purposes and does not change the character of the building from that of a residential dwelling. No more than the equivalent of twenty-five percent (25%) of the ground floor area of the dwelling will be devoted to the home business. Any garage detached or attached, carport or accessory structure shall be used in such manner that does not detract from its original purpose.
- (6) Signs will be limited to one unlit sign not exceeding two hundred twenty-six (226) square inches in area....
- (7) The applicant will obtain and maintain a current business license to operate within the County.
- (8) There will be no separate entrance for the home business.
- (9) The home business will not materially alter the outward appearance of the home, or result in other activities which are likely to disturb established permitted uses in the vicinity or depreciate surrounding property values.

Conditional Use Application Questionnaire
(Use separate sheet if necessary)

Name of Operation: _____

Name of Company / Operator: _____

Zone proposed development is located in: _____

1) Describe the proposed use.

2) How much area will be disturbed by the proposed operation?

3) If the proposed operation involves mining, how much tonnage per year will be removed from the site?

4) What type of equipment will be used? Where will it be stored during off hours?

5) How often will you and/or your employees and customers visit the site?

6) What type of sanitation facilities will be needed at the site?

7) What safety concerns will need to be addressed?

8) Will there be any waste material generated by the operation? If yes how & where will it be disposed of?

9) Will the operation be visible from a residence, community, county road, major highway, visitor attraction, or heritage site? If yes explain.

**APPLICATION
EMERY COUNTY LAND USE PERMIT**

Please complete this application by filling in all sections that are applicable to your development. On Premises Occupation Permit Applicants only need to fill out sections 1, 2, 3, and 6. Please read the checklist that has been provided to you and make sure you include all the information listed in it with your application. If you have any questions, contact the Emery County Zoning Office at (435) 381-5374.

Type Of Permit

Conditional Use On Premises Occupation Zone Change Subdivision

1. Type of Use

Mining Gas / Oil Well Recreational Research Utility Industrial
 Residential Agricultural Other (please describe) _____

2. Applicant Information

Name: _____

Permanent Address: _____ Phone: _____ Fax: _____

Contact Person: _____

Name of Operation: _____

3. Location

Qtr/Qtr, Section, Township, Range: _____

USGS Quadrangle Name: _____

(Quadrangle name not required for On-Premises Occupation Permit)

4. Surface / Mineral Ownership

Ownership of Land Surface:

Private BLM USFS State Trust Land St. Sovereign Lands Other _____

Name/Address of private land owner: _____

Ownership of Minerals: (if applicable)

Private BLM USFS State Trust Land St. Sovereign Lands

Private owner's name/address: _____

Mining Claim Number(s): _____ Lease Number(s): _____

Name of Lessee(s): _____

5. State/Federal Agency Approval Status

If your operation is located on State or Federal land or will impact a State highway, please indicate the status of your request with the applicable agencies.

Agency	Application Submitted	Permitted	Agency	Application Submitted	Permitted
State Division Of Oil Gas & Mining			State Department of Transportation		
State Institutional Trust Lands Administration			U.S. Forest Service		
State Historical Preservation Officer			Bureau of Land Management		
Other _____			Other _____		

6. Applicant Signature

The undersigned certifies that he/she is an authorized agent of the Applicant named above, and that to the best of his/her knowledge, information and belief, the information stated herein is true, complete and correct. The applicant agrees to continuously supplement this application as new information comes available or as plans change.

Signature _____ Date _____

FOR COUNTY USE

Permit Level:

- Level 1 Level 2 Level 3

Application Fee: _____

Zoning Administrator

Date