

SYRACUSE CITY CORPORATION

1787 South 2000 West

Syracuse, UT 84075

Phone: 825-1477

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APPLICATION FOR CONDITIONAL USE PERMIT

Name of Applicant/Organization _____ Rep _____

Phone No. _____ Email Address _____ Fax No. _____

Subject Property Address _____

Mailing Address (If different from above) _____, Syracuse

Size of lot or property _____ acres Zone _____ Square footage of dwelling _____

Square footage of space intended for conditional use _____

Detailed description of conditional use and impact on residential use (attach site plan) _____

I certify that this conditional use will comply with all required conditions and standards of Syracuse City's Zoning Ordinance, will be harmonious with neighboring uses, will fit the goals of the community general plan, and impose 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 zoning, health, building, or fire regulations.

Applicant's Signature _____ Land Owner's Signature _____ Date _____

Permit Fee Paid _____ Date _____ Planning Commission Approval Date _____
Special Conditions _____
