



# TOWN OF LEEDS

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CATEGORY _____	FEE _____
Non-refundable	
DATE REC'D _____	CK # _____
BY _____	

## CONDITIONAL USE PERMIT APPLICATION

### APPLICANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

List nature of business or use applying for: \_\_\_\_\_

Property to be used for the following purposes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal description of property, (give exact legal description & include: Lot, Block, Subdivision and Tract)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Tax ID# \_\_\_\_\_

The property is situated: (Street address or exterior boundaries of area petitioned for change by streets, alley, property lines, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a plot plan, drawn to scale, of the property involved showing the location of all existing buildings and plans and descriptions of the proposed use of the property with plans for all proposed buildings:

1. *Prepare site plans/elevations.*
2. *Show existing/proposed buildings*
3. *Show parking/loading areas.*
4. *Include other pertinent information*

The applicant has the ability and intention to utilize said CONDITIONAL USE PERMIT within twelve (12) months from date of final approval; and the applicant understands that this CONDITIONAL USE PERMIT, if granted, becomes null and void and of no effect if unused within twelve (12) months from the date of filing of the application; or if any time after granting, the use is discontinued for a period of twelve (12) months; or if the property is sold or developed by someone other than the applicant.

WHEN A CONDITIONAL USE PERMIT IS GRANTED SUBJECT TO CONDITIONS, SUCH CONDITIONAL USE PERMIT DOES NOT BECOME EFFECTIVE UNTIL SUCH TIME AS THOSE CONDITIONS HAVE BEEN MET.

\*NOTE - A CONDITIONAL USE PERMIT does not eliminate the necessity of obtaining a Building Permit or Business License. A Building Permit is required for construction of all buildings in the project.

Are there any deed restriction affecting the use of the property involved? Give expiration date of restrictions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have all requirements in section 7.9.1 of Land-Use Ord 2008-04 been met? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this a Sexually Oriented Business? (if yes, Addendum for Sexually Oriented Business) Yes \_\_\_\_\_ No \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

IT IS REQUIRED THAT THE APPLICANT SUBMIT STAMPED ADDRESSED ENVELOPES FOR ALL PROPERTY OWNERS WITHIN 300 FT OF THE AFFECTED PROPERTY.

Town of Leeds Use Only

Application reviewed by: \_\_\_\_\_ Position: \_\_\_\_\_

The Town of Leeds Planning Commission recommended: Approval \_\_\_\_\_ Denial \_\_\_\_\_ to the Leeds Town Council on \_\_\_\_\_

The Town Council of Leeds: Approved \_\_\_\_\_ Denied \_\_\_\_\_ this Conditional Use Permit on: \_\_\_\_\_

The applicant is hereby authorized to establish the requested use in accordance with the attached site plan subject to the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

\_\_\_\_\_  
Mayor, Town of Leeds

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Clerk/Recorder, Town of Leeds

\_\_\_\_\_  
Date