

# City of Taylorsville

Community Development Department  
2600 West Taylorsville Boulevard  
Taylorsville, Utah 84129  
Phone: (801) 963-5400 Fax: (801) 955-2052  
www.taylorsvilleut.gov



## CONDITIONAL USE PERMIT APPLICATION

PLEASE COMPLETE BOTH SIDES OF APPLICATION

### Type of Conditional Use Permit (CUP) Application:

Conceptual Review  Preliminary Review  Final Review

Amendment Request (Original File Number: \_\_\_\_\_)

Subject Property Address: \_\_\_\_\_

Parcel Area: \_\_\_\_\_ Current Use: \_\_\_\_\_

Parcel Identification (or Sidwell) Number: \_\_\_\_\_

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

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

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

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Property Owner's Name (if different): \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Describe your proposal in detail (use additional paper if necessary): \_\_\_\_\_

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

Note: Obtaining approval of a Conditional Use Permit does not eliminate the necessity for obtaining other applicable approvals or permits (i.e. building permit, business license, etc.). Please contact a member of the Taylorsville Planning Division regarding additional required permits or agency approvals.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No fee waiver, modification, or refund shall be granted unless approved by the Taylorsville City Council based on the provisions of section 3.16.080 of Taylorsville City Code.

Office Use Only	
<input type="checkbox"/> ADMIN CUP	<input type="checkbox"/> NON-ADMIN CUP
PLANNER: _____	
COMPLETE APPLICATION?: <input type="checkbox"/> Y <input type="checkbox"/> N	
FILING #: _____	
ENERGOV #: _____	
FILING FEE: _____	
DATE ACCEPTED: _____	
ACCEPTED BY: _____	
RECEIPT NUMBER: _____	
ZONING CLASSIFICATION: _____	
MEETING DATES: _____	
_____	
<b>Approvals:</b>	
Application Approved: <input type="checkbox"/> yes <input type="checkbox"/> no	
By: <input type="checkbox"/> PC <input type="checkbox"/> CDDIR	
Date: _____	

### FOR YOUR INFORMATION...

For more information regarding conditional uses and the conditional use permit process, please refer to Taylorsville Information Form **P-5 Applying for a Conditional Use Permit** or **P-6 Applying for a Conditional Use Amendment** available from the Community Development Department at Taylorsville City Hall or online at [www.taylorsvilleut.gov](http://www.taylorsvilleut.gov).

## Property Owner's Affidavit

I (we) \_\_\_\_\_, being first duly sworn, depose and say that I (we) am (are) the current owner of the property involved in this application: that I (we) have read the application and attached plans and other exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my (our) personal knowledge.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature (co-owner if any)

State of Utah / County or Salt Lake

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_ personally appeared before me, to be the signer(s) of the above *Property Owner's Affidavit* and acknowledged that he/she signed it.

\_\_\_\_\_  
*Notary Public*

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

*My commission expires:* \_\_\_\_\_

## Agent Authorization

I (we), \_\_\_\_\_, the owner(s) of the real property located at \_\_\_\_\_ in the City of Taylorsville, Utah, do hereby appoint \_\_\_\_\_ as my (our) agent to represent me (us) with regard to this application affecting the above described real property, and authorize \_\_\_\_\_ to appear on my (our) behalf before any City Board or Commission considering this application.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature (co-owner if any)

State of Utah / County of Salt Lake

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_ personally appeared before me, to be the signer(s) of the above *Agent Authorization* and acknowledged that he/she signed it.

\_\_\_\_\_  
*Notary Public*

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

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