



Temporary Construction Office/Supply Trailer

Fee \$100.00

Property information and location
(All lines applicable to this site must be filled in)

Section _____ Township _____ Range _____

Parcel # _____ Lot # _____

Subdivision Name: _____

**You MUST include a parcel map obtained from the Tooele County Recorder's Office
with this application!**

Property Owner(s) Information

Name(s): _____

Address per tax rolls: _____

City/County: _____ State: _____ Zip: _____

Office/home phone: _____ Fax: _____

Mobile phone: _____ Message phone: _____

Email address: _____

A copy of the deed, offer or tax notice MUST be included to demonstrate ownership

(For Office Use Only)

TCP #: _____ Fee \$ 100.00 Receipt #: _____

Date _____

Agent for the Property Owner(s) Information

Name(s): _____

Address per tax rolls: _____

City/County: _____ State: _____ Zip: _____

Office/home phone: _____ Fax: _____

Mobile phone: _____ Message phone: _____

Email address: _____

There shall be no presumption of approval of any aspect of the process. **Each application for a conditional use permit shall have all required submittals before it is accepted as a complete application. Construction buildings must be removed upon completion or abandonment of the construction work or at expiration of the permit, which ever comes first.**

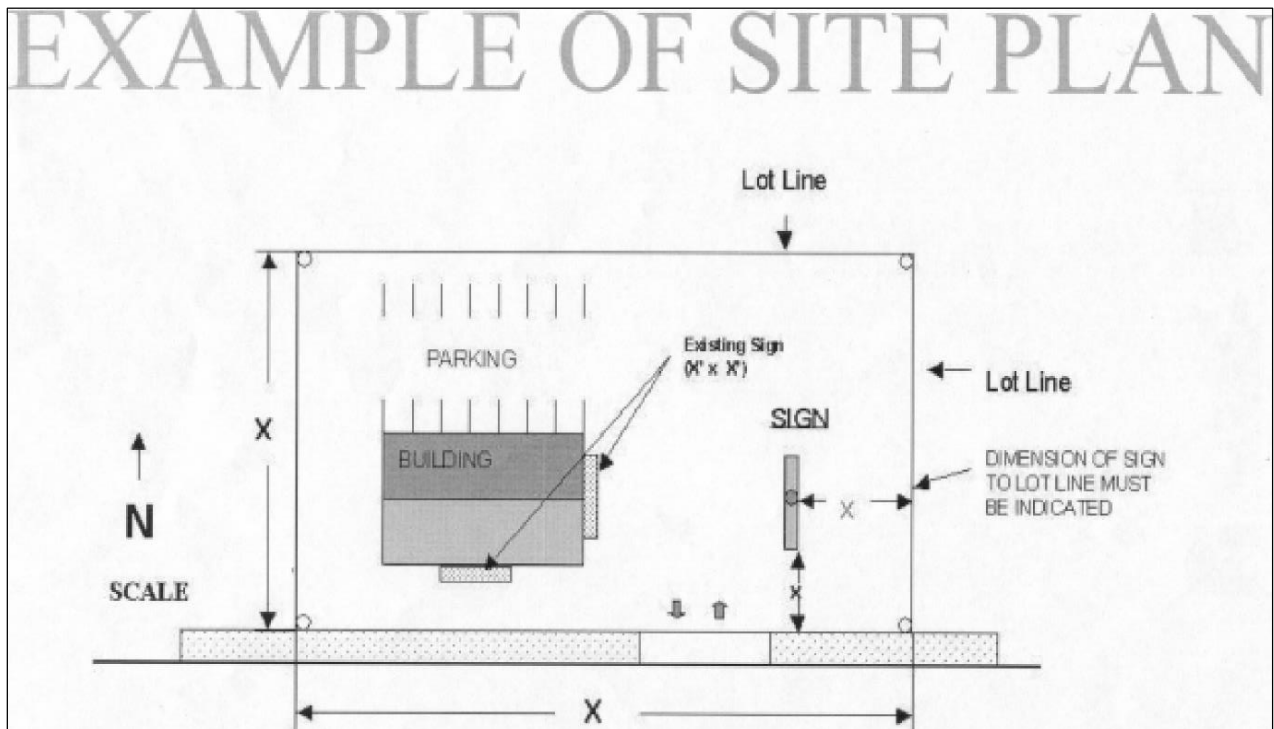
Total acreage of parcel: _____ Area occupied by this use: _____

Total number of trailers: _____ Current zoning designation: _____

Requested duration: _____

Temporary conditional use permits may be issued for no longer than six months with one six month extension.

Attach two sets of a site plan including lot lines, structures, access, easements, adjacent streets, and dimensions.



Application determination

This application for a conditional use permit allowing a **temporary construction office/supply trailer** to be established at

Parcel # _____ , addressed: _____

is approved denied on

By _____

Permit expiration date: _____

Temporary conditional use permits may be issued for no longer than six months with one six month extension.

AFFIDAVIT

PROPERTY OWNER

STATE OF UTAH)

).

COUNTY OF TOOELE)

I (we), _____, being duly sworn, depose and say that I (we) am (are) the owner(s) of the property located as follows, _____, and further identified in the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge. I also acknowledge that I have received written instruction regarding the process for which I am applying and the Tooele County Department of Engineering staff have indicated they are available to assist me in making this application.

(Property Owner)

(Property Owner)

(Property Owner)

(Property Owner)

Dated this _____ day of _____, 20 _____, personally appeared before me:

the signer(s) of the above who duly acknowledged to me that they executed the same.

(Notary)

Residing in: _____

My commission expires: _____

AFFIDAVIT

AGENT AUTHORIZATION

I (we), _____
the owner(s) of the real property located as follows:

_____ and further 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 or legislative body in the County considering this application and to act in all respects as our agent in matters pertaining to the attached application.

(Property Owner)

(Property Owner)

(Property Owner)

(Property Owner)

Dated this _____ day of _____, 20 _____, personally appeared before me

the signer(s) of the above agent authorization who duly acknowledged to me that they executed the same.

(Notary)

Residing in: _____

My commission expires: _____