



Conditional Use Permit Application for a Home Occupation of Preschool

Fee \$250.00

*multiple agency approvals needed

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

Parcel # _____ Lot # _____

Subdivision Name: _____

(For office use only)

CUP #: _____ Fee \$250.00 Receipt #: _____

*** Amendment fee – 50% of Normal Fee

Application Determination:

Approved ☐

Denied ☐

Conditions imposed? Yes

No

By: _____ Date: _____

Property Owner(s) Information

Name(s): _____

Address per tax rolls: _____

City/County: _____ State: _____ Zip: _____

Office/home phone: _____ Fax: _____

Mobile phone: _____ Message phone: _____

Email address: _____

Applicant's Information if different than Property Owner(s)

*Property Owner's Authorization notarization needed

Name(s): _____

Address per tax rolls: _____

City/County: _____ State: _____ Zip: _____

Office/home phone: _____ Fax: _____

Mobile phone: _____ Message phone: _____

Email address: _____

Each application for a conditional use permit shall have all required submittals before it is accepted as a complete application. All information in this application is required and must be completely filled out and signed with required paperwork submitted or application will be denied.

There shall be no presumption of approval of any aspect of the process.

PROVIDE DETAILS OF PRESCHOOL OPERATION:

(Max number of children, hours, employees, etc.)

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

Current zoning designation: _____ Current use of land (residential, commercial, etc.): _____

Include the following with the application:

Applicant County

Site Plan with the following:

1. A north arrow, the scale of the drawing, and the date of the drawing.
2. Street names and addresses.
3. **Property lines with dimensions.**
4. All sidewalks, driveways, curbs and gutter, and parking areas (if any).
5. **All existing easements, rights-of-way, and any other significant features on the site. Including outside play areas and exits.**
6. **Floor plan of the house and areas the daycare/business will use. Include windows, ingress/egress, kitchen, bathrooms, etc.**

Responses to the following questions:

1. How does your proposed project fit in with surrounding properties and uses? _____

2. In what ways does the project not fit in with surrounding properties and uses? _____

3. What is your plan to mitigate the potential conflicts/nuisances with surrounding properties and use, if any exist? _____

Applicant County

Applicant must provide printed labels from the Tooele County Recorder's office of property owners adjacent of this property. (Next door, behind and across the street).

Conditions imposed:

***staff or other agencies may add further restrictions**

In submitting this application, I (We) agree to the following conditions and understand that any breach of any one or more will cause this permit to become void:

1. All pre-school activities shall take place inside the residence. The students shall remain in the home except when an outdoor activity is related to the child's education or arriving to school and leaving school.
2. No food shall be prepared and served in the home for consumption by the students.
3. There shall be no more than one (1) adult employed by the day care facility who resides outside of the home.
4. The inside area that is used as the preschool be made to conform to those standards of the current and any future updates of the building code for such a use.
5. The preschool shall comply with the requirements of the Tooele County Health Department, and any other local health departments for preschool facilities.
6. The preschool may operate Monday through Friday, with two (2) separate two and one half (2 1/2) hour sessions. The hours of operation shall be between 8:30 a.m. and 4:00 p.m..
7. No more than sixteen (16) children, with up to eight (8) children per one (1) adult working at the preschool, shall be permitted.
8. The employees of the Community Development Department, Tooele County Health Department, Tooele County Sheriff's Department, and the Utah Department of Health shall be permitted to inspect the day care facility during its hours of operation.
9. * _____

10. * _____

I (We) as the owner(s) of this property have read and do hereby agree to and understand the above terms and conditions without reservation and place my signature below as an act of such agreement. It is further agreed and understood that should I (we) violate any of the above conditions, this permit shall become null and void without further process and such use will not be permitted upon the property for one year. This permit is issued site specific and not transferable to another property but may be transferred to a new owner.

I (We) understand that the Zoning Administrator shall not authorize a conditional use permit unless the evidence presented is such as to establish that such use will not, under the circumstances of the particular case, be detrimental to the health, safety or general welfare of persons residing or working in the vicinity, and the proposed use will comply with the regulations and conditions specified in the Tooele County Land Use Ordinance for such use.

APPLICANT'S SIGNATURE

DATE

PROPERTY OWNER'S SIGNATURE

DATE

AFFIDAVIT

PROPERTY OWNER'S AUTHORIZATION

I (we), _____ the owner(s) of the real property located as follows: _____ and further described in the attached application, do authorize the applicant listed in this application permissions to use this property as listed in this CUP application. I (We) understand that if the use is granted it will stay with the property if new residences move in. We further understand that if this use is discontinued for a year or more the use is no longer allowed on the property and a new CUP application will be required. Any violations regarding this CUP will be addressed with the property owner.

(Property Owner)

(Property Owner)

(Property Owner)

(Property Owner)

Notary

STATE OF UTAH)

:ss

County of Tooele)

Dated this _____ day of _____, 20 _____, the property owners above personally appeared before me and acknowledged that he/she signed the above Notice and that the statements contained therein are true.

My Commission Expires

Notary Public