

## Planning Commission Extension Application

Planning commission may not grant any extension without substantial progress having been demonstrated by the applicant or authorized representative.

Fee \$100.00						
Property information and location (all lines applicable to this site must be filled in)						
Address: Parcel #:						
			Lot #			
	Subdivision permit	#:				
(For office use only)						
AMD#	:	•	Receipt #:			
Application Determination:						
Approved	Denied	Conditions	imposed? Yes No			
By:		Dat	e:			
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):						
City/County:		State:	Zip:			
Office/home ph	none:	Fax: _				
Mobile phone:	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 required information in this application 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.

## APPLICATION IS HEREBY MADE TO THE PLANNING COMMISSION REQUESTING THAT: (Describe in as much detail specific to the reason of the extension)

	by this use:
Current zoning designation: Current use of land (reside	ential, commercial, etc.:
Extension date requested: Applicant County	
Attached proof that substantial progress has been m	ade.
I (We) as the owner(s) of this property have read and do hereby agree to and u reservation and place my signature below as an act of such agreement. It is fur any of the above conditions, this permit shall become null and void without fur the property. This permit is issued site specific and not transferable to another	rther agreed and understood that should I (we) violate ther process and such use will not be permitted upon
I (We) understand that the Zoning Administrator or Planning Commission shall evidence presented is such as to establish that such use will not, under the circ the health, safety or general welfare of persons residing or working in the vicin regulations and conditions specified in the Tooele County Land Use Ordinance	umstances of the particular case, be detrimental to ity, and the proposed use will comply with the
APPPLICANT'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			
this property as li	sted in this CUP applicat	authorize the applicant listed in thi	use is granted it will stay with the		
• •	• •		is discontinued for a year or more		
_	er allowed on the prope P will be addressed with	rty and a new CUP application will the property owner.	be required. Any violations		
(Property Owner)		(Property Owner)			
(Property Owner)		(Property Owner)			
		<u>Notary</u>			
STATE OF UTAH )					
:	SS				
County of Tooele	)				
		, 20, the prop nat he/she signed the above Notice			
contained thereir	are true.				
My Commission E	Expires		Notary Public		