



3200 WEST 300 NORTH  
WEST POINT, UTAH 84015  
PH: 801-776-0970  
FAX: 801-525-9150  
www.westpointcity.org

### APPLICATION FOR A CONDITIONAL USE PERMIT

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Size of Lot: \_\_\_\_\_ Zone: \_\_\_\_\_ Sq. Footage of Dwelling: \_\_\_\_\_

Sq. Footage of Space Intended for Conditional Use: \_\_\_\_\_

Detailed Description of Conditional Use and Potential Impacts on Residential Use:

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

I certify that this conditional use will comply will all required conditions and standards of West Point City's Land Use Ordinance, will be harmonious with neighboring uses, will fit the goals of the City's General Plan and imposes no insatiable demands for public services. I also understand that issuance of a Conditional Use Permit shall not relieve me of the responsibility to comply with applicable land use ordinance, health, building or fire code regulations.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Land Owner Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Conditional Use Permit Fee: \$ \_\_\_\_\_

Payment Type: \_\_\_\_\_ Date Paid: \_\_\_\_\_ By: \_\_\_\_\_

**Neighbor Acknowledgement**

Please have neighbors that adjoin your property sign below. Those individuals that sign below are only stating that they are aware that you are applying for a Conditional Use Permit and not necessarily that they approve of the Application or project.

**Name**

**Address**

**Signature**

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**AFFIDAVIT**  
**PROPERTY OWNER**

STATE OF UTAH        )  
                                  : ss.  
COUNTY OF DAVIS    )

I (We), \_\_\_\_\_ being duly sworn, depose and say that I (we) am (are) the owner(s) of the property identified in the attached Conditional Use Permit Application and that the statements herein contained and the information provided identified in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge. I (We) also acknowledge that I have received written instructions regarding the process for which I am applying and the West Point City Planning and Zoning Department staff have indicated they are available to assist me in making this Application.

\_\_\_\_\_  
**(Property Owner)**

\_\_\_\_\_  
**(Property Owner)**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**(Notary Public)**

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

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

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**Agent Authorization**

I(We), \_\_\_\_\_ the owner(s) of the real property described in the attached Conditional Use Permit Application, do authorize as my (our) agents(s) \_\_\_\_\_ to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the City considering this Application and to act in all respects as our agent(s) in matters pertaining to the attached Application.

\_\_\_\_\_  
**(Property Owner)**

\_\_\_\_\_  
**(Property Owner)**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**(Notary Public)**

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

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