



# Land Use Authority

180 West 300 North  
Kanab, Utah 84741  
Phone (435) 644-4966  
Or 435-644-4901  
Fax (435) 644-4963  
[planning@kane.utah.gov](mailto:planning@kane.utah.gov)

## Conditional Use Permit Application

**Fee \$175.00**

### Property information and location

(All lines applicable to this site must be filled in)

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Parcel # \_\_\_\_\_

You MUST include a parcel map obtained from the Kane 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 phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Message phone: \_\_\_\_\_

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

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

(for office use only)

CUP# \_\_\_\_\_ Fee: \$175.00 Receipt # \_\_\_\_\_

Is this an amendment?      Yes      No

This application MUST be submitted no later than 14 days before the scheduled Land Use Authority Meeting!

**ATTACH A LOCATION MAP, SITE AND BUILDING PLAN, AND  
DETAILED DESCRIPTION OF PROPOSED USE  
Agent for the property owner(s) information**

Name(s): \_\_\_\_\_

Address per tax rolls: \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office/home phone: \_\_\_\_\_ Fax phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Message phone: \_\_\_\_\_

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

**Notarized affidavit by owner that agent has authority to act on their behalf**

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.

APPLICATION IS HEREBY MADE TO THE LAND USE AUTHORITY REQUESTING THAT:

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

Total acreage of parcel: \_\_\_\_\_ Area occupied by this use: \_\_\_\_\_

Current zoning designation: \_\_\_\_\_ Current use of land: \_\_\_\_\_

I (We) understand that the Land Use Authority 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 Kane County Land Use Ordinance for such use.

Date signed: \_\_\_\_\_

Signature of owner(s) or agent(s): \_\_\_\_\_  
\_\_\_\_\_

Land Use Authority Action

Date: \_\_\_\_\_

Approve

Deny

Land Use Authority Chairman \_\_\_\_\_

