

BEAVER COUNTY PLANNING & ZONING COMMISSION

105 E. Center St.
P.O. Box 1013
Beaver UT, 84713

435-438-6484
435-213-1752 (Fax)



Kyle Blackner
Zoning Administrator

Karianne Jarvis
Zoning Chairman

CONDITIONAL USE PERMIT APPLICATION
NAME/OWNERSHIP TRANSFER

Petitioner's Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

1. Conditional Use Permit:

_____	_____	_____
Name	Number	Date

2. Proposed:

_____ requests the above Conditional Use Permit to be transferred to the following name.

Name of Individual or Organization

3. Description: Legal description of parcel. (Attach another sheet.)

4. \$ _____	<u>Fee Collected:</u> _____	_____
	Receipt #	Date

Fee is \$150 or 25% of the original application fee, whichever is less

5. <u>Applicant Signature:</u> _____	_____	_____
	Name	Date

By signing this application, the ownership shall be required to assume and observe all terms and conditions of the permit.

6. <u>Approval:</u> _____	_____	_____
	Zoning Administrator	Date