## **SALEM CITY**

30 West 100 South Salem, Utah 84653 801-423-2770, Fax 801-423-2818, www.salemcity.org



## APPLICATION FOR CONDITIONAL USE PERMIT

SPONSOR CONTA	ACT IN	<u>IFORMA</u>	TION				
Name of Owner(s):							
Address:							
City:		State:	Zip:	Pho	one:		
Fax:	E-mail	:					
Signature of Applican	t:						
Date:							
APPLICATION IN	FORM	IATION					
Name of Applicant or	Authori	zed Agent(s	s):				
Address:							
City:		State:	Zip:	Pho	one:		
Fax:	E-mail	:					
Signature of Applican	t:						
Date:							
A BRIEF SUMMA	RY FO	R RESTI	RICTED US	E REQU	EST		
<b>Project Location:</b>							
Acreage of Property:			Current	<b>Current Zone of Property:</b>			
FOR OFFICE USE ON	LY		1				
Application Date:							
December of December Co.		N-4					
Development Review Con	mmittee L	Date:					
Planning and Zoning Mee	ting Date	:					
<u> </u>							
City Council Meeting Dat	te:						
DRC Fee \$75P	Paid		_ P&Z Fe	e \$75	Paid		
DRC Receipt#			P&Z Re	eceint#			
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