



SMITHFIELD CITY
Planning and Zoning

P.O. Box 96
 96 South Main Street
 Smithfield, Utah 84335
www.smithfieldcity.org

Conditional Use Application - Non Subdivision

Conditional Use/Non-Conforming Types (check one)

	Type	Fee		Type	Fee
<input type="checkbox"/>	Amendment - Commercial	\$75.00	<input type="checkbox"/>	Commercial	\$200.00
<input type="checkbox"/>	Home Occupation - Disruptive	\$100.00	<input type="checkbox"/>	Home Child Care or Preschool	\$150.00
<input type="checkbox"/>	Renewals (Other)	\$50.00	<input type="checkbox"/>	Accessory Apartment*	\$200.00
<input type="checkbox"/>	Temporary Structure	\$100.00	<input type="checkbox"/>	Non Conforming Use/Structure	\$200.00

If the application is not the business owner, then this application must be accompanied by a notarized statement from the owner consenting to the "Owner Agent Authorization Form." Additionally, documents should be submitted for each application according to the accompanying "Site Plan or Submittal Requirements" chart.

The following "Home Occupation" business types require a fire and/or building inspection.

- Nail or Hair Salon
- Wood or Metal Working Shop
- Preschool or Day Care Facility

*Accessory apartment applications must be provided by the property owner.

To arrange for a fire inspection, contact the Smithfield City Fire Department. To arrange for a building inspection, contact the Cache County Building Department. A minimum of 24 hour notice is required before the inspection can be conducted.

Owner Information

Name	_____
Address	_____
Phone	_____
Email	_____

Applicant/Agent Information (if applicable)

Name	_____
Address	_____
Phone	_____
Email	_____

Parcel Information

Address	_____		
Size	_____ sq ft	_____ acres	Parcel ID _____ Current Zone _____
Property Use	_____		
Other	_____ (indicate distance to nearest resident)		

Office Use Only

Date Application Received _____ Planning Commission Date _____

Approved Denied

Conditions _____

Project Information (attach additional sheets if necessary)

Project Name _____

Project Description	_____ _____ _____
*If this application is amending a CUP, describe the amendment(s)	_____ _____ _____ _____ _____
Days/Hours Of Business Operations	_____ am/pm - _____ am/pm _____ NA (circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Project Timetable	Expected Start Date _____ Expected Finish Date _____
Employment Information	_____ # of employees on highest employment shift
Alcohol Information	Will alcohol be served? ____ Yes ____ No (If "yes") _____ # of fixed seats _____ distance to nearest school
Noise Information	Will there be audible noise outside of the boundaries of the property where the business is located? ____ Yes ____ No
Canal Information	Is there a canal crossing the property for which the CUP is being requested? ____ Yes ____ No (If "yes") Name of the canal/irrigation company _____

Applicant Signature

Brian Boudrero, Planning and Zoning