



DEVELOPMENT SERVICES DEPARTMENT

BUILDING | SURVEYING | ENGINEERING | GIS | PLANNING & ZONING | ROADS | WEEDS

APPLICATION: ZONING CLEARANCE

FEE: PRIMARY - \$75/ ACCESSORY - \$30

Your greenbelt tax status and value of your property may change by proceeding with this application. Please contact the County Assessor's Office for more information regarding taxation.

As required, the following information must accompany this form at the time of application for zoning clearance:

- | | | |
|--|---|--|
| <input type="checkbox"/> Agent letter; Trust, LLC, etc. | <input type="checkbox"/> Land Disturbance Permit | <input type="checkbox"/> Fee Amount: \$_____ |
| <input type="checkbox"/> Site plan (see example) | <input type="checkbox"/> Wetland Delineation | Date: _____ |
| <input type="checkbox"/> Culinary water verification | <input type="checkbox"/> Geotechnical Report | Receipt #: _____ |
| <input type="checkbox"/> Sanitation/Health Dept approval | <input type="checkbox"/> FAA form 7460-1 | Check #: _____ |
| <input type="checkbox"/> Encroachment Permit | <input type="checkbox"/> Agricultural building letter | |
| <input type="checkbox"/> Floodplain Permit | <input type="checkbox"/> Garbage removal letter (cabin) | |

LOCATION

EXAMPLE SITE PLAN

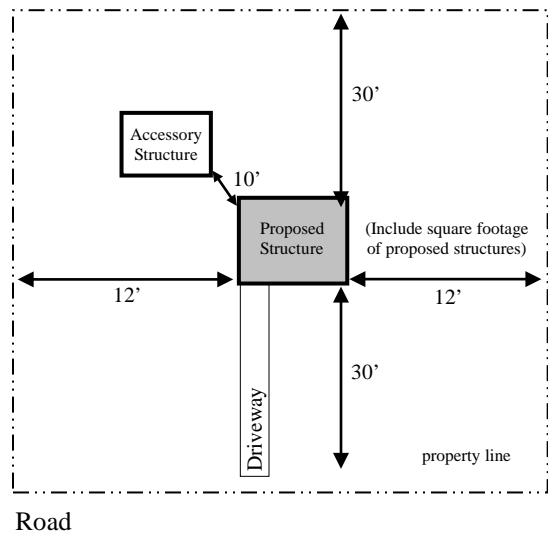


PROPERTY ID: _____ - _____ - _____
STRUCTURE/USE: _____
PROPERTY ADDRESS: _____
CITY, STATE, ZIP: _____

OWNER/AGENT

PROPERTY OWNER: _____
OWNER TEL. #: _____
OWNER MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
OWNER EMAIL: _____

AGENT: _____
AGENT TEL. #: _____
AGENT EMAIL: _____



ACKNOWLEDGMENT

I acknowledge that I have provided a complete application and if approved, this property will be given a zoning clearance for the plot identified. Any changes in type of structure or placement will require a new zoning clearance. Approval of a zoning clearance is not a waiver of compliance with the zoning ordinance nor is it a conditional use permit.

 Property Owner/Agent

DEPARTMENT REVIEW

- | | |
|--|---|
| 1. <input type="checkbox"/> GIS Parcel Summary | 6. <input type="checkbox"/> Entitlement review |
| 2. <input type="checkbox"/> Plat map | 7. <input type="checkbox"/> Garbage service review |
| 3. <input type="checkbox"/> Legal description & current taxation certification | 8. <input type="checkbox"/> Address check |
| 4. <input type="checkbox"/> Road review | 9. <input type="checkbox"/> Storm Water/Land Disturbance Permit |
| 5. <input type="checkbox"/> Fire review | |

Culinary Water Verification

Utah Division of Water Rights

Phone: 435-752-8755

Fax: 435-752-0062

1780 North Research Parkway, Suite 104

North Logan, UT 84341

email: willatkin@utah.gov

Sanitation/Health Department Approval

Bear River Health Department

Phone: 435-792-6570

Fax: 435-792-6583

85 East 1800 North

North Logan, UT 84341

website: www.brhd.org