



WEST VALLEY CITY

Planning & Zoning

TEMPORARY USE APPLICATION

For property located at:

FEE: \$100

Date _____

Application # _____
(Staff Use)

Property Owner* _____ Phone _____

Mailing Address _____

Developer/Agent _____ Phone _____

Mailing Address _____

E-mail Address _____

Parcel (sidwell) # _____ Legal Description: Please Attach

Total Area - Acres or Square Feet _____

Plans must be submitted electronically. Consult staff on how to submit plans.

APPLICATION CHECKLIST

Provide a site plan and attach a letter addressing the following questions:

1. What is the current West Valley City General Plan classification?
2. What is the date and time of the proposed activity?
3. What is the existing zone?

*Current property owner must sign application (see next page)

AFFIDAVIT

PROPERTY OWNER

STATE OF UTAH)
) ss
COUNTY OF SALT LAKE)

I (we), _____, being duly sworn, depose and say that I (we) am (are) the owner(s) of the property identified in the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge.

(Property Owner)

(Property Owner)

Subscribed and sworn to me this _____ day of _____, 20____ .

(Notary)

Residing in Salt Lake County, Utah

My commission expires: _____

AGENT AUTHORIZATION

I (we), _____, the owner(s) of the real property described in the attached application, do authorize as my (our) agent(s) _____ to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the City considering this application and to act in all respects as our agent in matters pertaining to the attached application.

(Property Owner)

(Property Owner)

Dated this _____ day of _____, 20____, personally appeared before me _____, the signer(s) of the above agent authorization who duly acknowledged to me that they executed the same.

(Notary)

Residing in Salt Lake County, Utah

My commission expires: _____