

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
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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. \$ _____ Fee Collected: _____ Receipt # _____ Date
Fee is \$150 or 25% of the original application fee, whichever is less

5. Applicant Signature: _____ Name _____ Date

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

6. Approval: _____ Zoning Administrator _____ Date