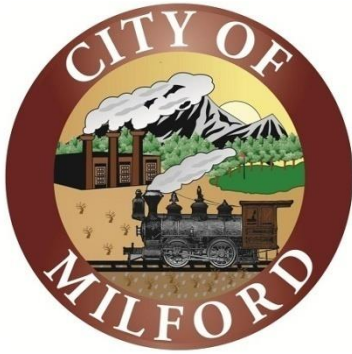




KENNEL LICENSE
CONDITIONAL USE PERMIT
APPLICATION PACKET



Milford City
PO Box 69
26 South 100 West
Milford, UT 84751
(435) 387-2711 Fax (435) 387-2748

Dear Applicant,

This application packet has been developed as a means to assist you, the applicant, in understanding the application procedure and requirements when applying for a **Kennel License Conditional Use Permit**. This packet includes all the necessary background information you will need to prepare and file a complete submittal that will allow your application to be processed and reviewed in the timeliest manner possible. The following materials have been included in this application packet for your convenience:

- Kennel License Conditional Use Permit Application Form
- Affidavit Form
- Conditional Use Permit Application Checklist
- Conditional Use Application Review Process Chart

Incomplete Applications will not be accepted, receipted, or processed. In order to adequately process your Kennel License Conditional Use Permit Application, the following materials will be required at the time of submission of your application:

- Completed Kennel License Conditional Use Permit Application Form
- Signed & Notarized Affidavit Form
- All items listed on the Kennel License Conditional Use Permit Application Checklist (incomplete submissions will not be accepted).
- Application Filing Fee: \$25.00
- Other supporting materials as applicable.

Should you have any further questions regarding the application materials, process, or laws and ordinances governing conditional use permits, please feel free to contact the city office. Thank you for your interest in Milford City, and we look forward to working with you very soon.

Sincerely,

Milford City



Milford City Kennel License Conditional Use Permit Application

Name of Applicant: _____

Mailing Address: _____ Physical Address: _____

Telephone: _____ Email: _____

Is the applicant the owner of the property? Yes No

If not, please state the following information:

Owners Name: _____

Address: _____ Phone: _____

Current Zoning District: _____ SQFT of Property: _____

How many dogs do you have? _____ Please list the dog license numbers below:

Have your dogs been vaccinated for rabies and other common diseases? Yes No

I hereby declare that the information I have provided is true to the best of my knowledge. I understand that if my application is approved, it will be on the condition that I will comply with the laws, ordinances and regulations that are now or may hereafter be enforced by the City of Milford pertaining to the owning, keeping, maintaining or harboring of animals.

SIGNED: _____ DATE: _____

(APPLICANT SIGNATURE)

.....
FOR CITY USE ONLY

Planning Commission Approval? Y N PZ Approval/Meet Date: _____

Date Received: _____ Date Filing Fee Paid: _____ Check# _____ Receipt#: _____

Issued by: _____ Date: _____

Planning and Zoning Administrator

Comments: _____

PROPERTY OWNER AFFIDAVIT

STATE OF _____

§

COUNTY OF _____

I (we), _____, being duly sworn, depose and say that I (we) am (are) the owners(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. I also acknowledge that I (we) have received written instruction regarding the process for which I (we) am (are) applying and the Milford City Staff have indicated they are available to assist me in making this application.

DATED this _____ day of _____ 20____.

Property Owner Signature

Property Owner Signature

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

Notary Public
My Commission Expires: _____

AGENT AUTHORIZATION AFFIDAVIT

STATE OF _____

§

COUNTY OF _____

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 respect as our agent in matters pertaining to the attached application.

DATED this _____ day of _____ 20____.

Property Owner Signature

Property Owner Signature

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

Notary Public
My Commission Expires: _____

KENNEL LICENSE CONDITIONAL USE PERMIT APPLICATION CHECKLIST

Incomplete applications will not be accepted and will be returned to the applicant.

All required items shall be submitted with the application.

Submission Requirements

- ✓ Application Filing Fee: \$25.00
- ✓ Completed Application Form
- ✓ A list of all owners of property located within 300 feet of the exterior boundaries of the subject property. Contact the Beaver County Recorder's Office at 435-438-6484 for this information.
- ✓ Plot plan drawn to scale including the following:
 - Minimum paper size of 8 1/2 " x 11"
 - Scale and date of drawing
 - Property boundaries and dimensions.
 - Layout of existing and proposed buildings, parking, landscaping, and signs.
 - Adjoining property lines and uses with 100' of the subject property.
- ✓ On a separate sheet of paper, respond to the following questions:
 1. What is the present use of the property (manufacturing, residential, commercial)?
 2. What is the proposed use?
 3. Please discuss how the proposed use will "fit-in" with surrounding uses?
 4. Is the proposed use consistent with the current zoning and land use designation? Please explain.
 5. Is the proposed use suitable for the proposed site? Please explain.
 6. Will the proposed use emit noise, glare, dust, pollutants, or odor? Please explain.
- ✓ The City may require additional information or plans.

General Conditional Use Permit Requirements & Guidelines

Please be as detailed as possible when filling out this application. Incomplete or inadequate information may result in your case being delayed or denied. The commission cannot grant a CUP simply because an applicant has requested it. The burden of proof rests upon you as the applicant to show that all of the conditions justifying a CUP have been met. If you fail to support your request, the commission should not approve your application.

The Milford City Planning and Zoning Commission may grant a conditional use permit only if all of the following apply:

1. *That the proposed location of the conditional use is in accord with the objectives of this title and purpose of the district in which the site is located.*
2. *That the proposed location of the conditional use and the conditions under which it would be operated or maintained will not be detrimental to the public health, safety or welfare, or be materially injurious to properties or improvements in the vicinity.*
3. *That the proposed conditional use will comply with each of the applicable provisions of this title, except for approved variances or adjustments.*
4. *That the proposed conditional use complies with the goals, objectives and policies of Milford City General Plan.*

The information you provide will be the basis for the review done by the commission, please be as complete as possible. If you feel that additional information is needed (such as photographs, affidavits, or further written responses), please attach them to the application form.

Procedures for Determination of Application Completeness

