



IVINS CITY

55 N. Main St. Ivins, UT 84738
Tel. 435-628-0606 Fax 435-674-5486
www.ivins.com

Rec'd By:	_____
Filing Fee:	\$ _____
Receipt #:	_____
Date:	_____
Code: 405	

CLASS IV CONDITIONAL USE APPLICATION FOR CASITA/BED & BREAKFAST/ACCESSORY DWELLING UNIT

Fee: \$300.00
Mailing Fee: \$.75 per mailing label

_____	_____
Owner of Record	Address
_____	_____
City, State, Zip	Phone – Fax Zone

- Class IV Use Applications for Casita shall provide the following information and materials, and the application requirements for a building permit, as applicable:
- ___ A complete Class IV Use Application.
 - ___ \$300 Application Fee
 - ___ One (1) set of mailing labels for all owners of property located within three-hundred (300) feet of the property that is the subject of the Application. (A list of property owners is available from the Washington County Recorder's Office).
 - ___ Fourteen (14) copies of an 11 x 17 inch site plan, including a plot plan, floor plan and an elevation plan.
 - ___ Other information, as may be required by the Zoning Administrator or Commission necessary to review the Class IV Use Application.

APPLICANT AFFIDAVIT

I, _____, do hereby say that I am the owner/agent of the subject property of this application. The statements, information, exhibits and any and all plans herein or attached or submitted present the intentions of the applicant and are in all respects true and correct to the best of my knowledge and belief. I do hereby agree to pay all adopted and customary fees of Ivins City relating to this application.

_____	_____
Signature of applicant / property owner	Date
_____	_____
Building and Zoning Administrator	Date