



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 V CONDITIONAL USE AMENDMENT

Fee: \$1000

Owner of Record

Address

City, State, Zip

Phone – Fax

Project Name

Project Address

Owner of Record

Address

City, State, Zip

Phone – Fax

Agent of Owner & Phone

Signature of applicant

Date

Signature of property owner

Date

Signature of property owner

Date

Requirements for amendment to a Conditional Use Permit

1. Written detailed request for requested amendment.
2. Attach any accompanying justification for amendment.

Date received _____

Application is complete

Signature of Building and Zoning Administrator

Date

Approved

Approved with Conditions: _____

Denied