

<b>For Office Use Only</b> Date Application Received _____ Reviewed by _____
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*The Town of Castle Valley*  
**PRELIMINARY QUESTIONNAIRE**  
**CONDITIONAL USE PERMIT APPLICATION**  
**FOR HOME AND PREMISES OCCUPATIONS**

Lot # \_\_\_\_\_  
 Name of Applicant(s) \_\_\_\_\_  
 Name of Lot Owner(s) if different \_\_\_\_\_  
 Name of Proposed Business \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Phone # \_\_\_\_\_

Are you currently a full-time resident on this lot? Y\_\_\_\_\_ N\_\_\_\_\_

Please provide a brief description of the proposed use/business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach Additional Sheets As Needed)

**Please answer the following questions:**

- A: Does your proposed business require licensure, regulation, or inspections by any State or Federal Agency? Y\_\_\_\_\_ N\_\_\_\_\_
- B. Approximately how many package deliveries or pick-ups does your proposed business generate per week?  
\_\_\_\_\_
- C: Does your business have any non-resident employees? Y\_\_\_\_\_ N\_\_\_\_\_
- D: Does your business require any customers or business invitees coming to the home or premises? Y\_\_\_\_\_ N\_\_\_\_\_
- E: Does your proposed business create any additional noise? Y\_\_\_\_\_ N\_\_\_\_\_
- F: Does your proposed business involve, in any capacity, the use or storage of flammable, toxic, or hazardous materials? Y\_\_\_\_\_ N\_\_\_\_\_
- G. Does your proposed business involve, in any capacity, products that emit noticeable fumes or odors? Y\_\_\_\_\_ N\_\_\_\_\_
- H. Does your proposed business require the use of any outbuildings? Y\_\_\_\_\_ N\_\_\_\_\_
- I. Would your closest neighbors know you were operating this proposed business if you did not tell them? Y\_\_\_\_\_ N\_\_\_\_\_
- J. Is your proposed conditional use for a nursery (botanical), raising or boarding of livestock or other animals, exclusionary fencing, a day care nursery, a family day care center, or an additional kitchen? Y\_\_\_\_\_ N\_\_\_\_\_
- K. Does your proposed home or premises business require a kitchen? Y\_\_\_\_\_ N\_\_\_\_\_

**Present this questionnaire to the Building Permit Agent to determine the next step in your application.**