

For Office Use Only Date Application Received _____ Reviewed by _____

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 through the State of Utah? Y _____ N _____
- B. Does your proposed business generate any extra traffic for package delivery or pick-up? Y _____ N _____
- 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 business for a nursery (botanical), raising or boarding of livestock or other animals, a day care nursery, a family day care center, or a foster care home? Y _____ N _____

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