



85 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:	401

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