



APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only
Date Received
Fee Paid
Rec'd By

Name JOSEF LAGUNAS
Address 3310 S 1525 W Nibley UT 84321
Phone Cell 310980 0250 Fax
Email JOSEF.lagunas@gmail.com

Please describe the reason you are requesting a conditional use permit/business license:

X Home Office Sales Manufacturing Day Care
Other (please describe):

Proposed business name: Contact Design Studios, LLC.

Description of business: Graphic Design, Web Design, Photography

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: no affect

Do you plan to employ persons not living at this address as part of the business? Y N

Will those employees be working in your home or at another location? Please describe: N/A

Do you plan to conduct any of the business in an accessory building at this address? Y N

How many clients will visit this location weekly? N/A

Describe how you will provide parking for client visits (if applicable): N/A

Will you have business vehicles which will require parking accommodations? Y N

If so, please describe the vehicles and parking plans: N/A

How many business shipments do you anticipate sending and receiving from this location each month and how will these deliveries be shipped? N/A

Will you be able to provide adequate indoor storage for these deliveries? Y N N/A

If applicable, describe any signs at this address which will advertise the business: N/A

Nibley City Planning & Zoning



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Name ANDREW GILES
Address 3728 So 100 W
Phone 425-787-7885 Cell 801-867-7088 Fax NONE
Email Andy5Fingers@gmail.com

Please describe the reason you are requesting a conditional use permit/business license:

Home Office Sales Manufacturing Day Care
Other (please describe): MANUFACTURING CUSTOM LONGBOARDS

Proposed business name: 5 FINGER LONGBOARD

Description of business: MANUFACTURING CUSTOM LONGBOARDS, SELLING OVER INTERNET, SHOWS, INDIVIDUALS

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: MOST BUSY ACTIVITY WILL BE MOST MANUFACTURING OUT OF GARAGE, AND SMALL SHOP THAT WOULD LIKE TO BUILD, MOST DELIVERIES WILL BE, SOME DELIVERIES, AND RECEIVING SOME MATERIALS

Do you plan to employ persons not living at this address as part of the business? N IF NEEDED BUT DO NOT KNOW AT THIS TIME, IF I WILL HIRE, MOSTLY SELF EMPLOYED

Will those employees be working in your home or at another location? Please describe: WOULD BE WORKING HERE IN SHOP, MANUFACTURING

Do you plan to conduct any of the business in an accessory building at this address? N

How many clients will visit this location weekly? 1-2 BUT NOT CERTAIN

Describe how you will provide parking for client visits (if applicable): WILL ONLY HAVE ONE OR TWO CLIENTS AT A TIME PARK WILL SIDE OF HOUSE ON SEPERATE DRIVE WAY

Will you have business vehicles which will require parking accommodations? Y N

If so, please describe the vehicles and parking plans:

How many business shipments do you anticipate sending and receiving from this location each month and how will these deliveries be shipped? UPS, OR, FBDEX, MADE BE WEEKLY DELIVERIES

Will you be able to provide adequate indoor storage for these deliveries? N

If applicable, describe any signs at this address which will advertise the business: NO SIGNS WILL BE SHOWING

Nibley City Planning & Zoning



APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only
Date Received
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Rec'd By

Name Joe Cullumber
Address 2256 South 700w
Phone 435-881-3622 Cell Fax
Email Joeand45@gmail.com

Please describe the reason you are requesting a conditional use permit/business license:

X Home Office Sales Manufacturing Day Care
Other (please describe):

Proposed business name: Moci-Lube

Description of business: Mobile oil change service

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: will not affect neighborhood

Do you plan to employ persons not living at this address as part of the business? (Y) N

Will those employees be working in your home or at another location? Please describe: Another location, mobile services

Do you plan to conduct any of the business in an accessory building at this address? Y (N)

How many clients will visit this location weekly? 0

Describe how you will provide parking for client visits (if applicable): NA.

Will you have business vehicles which will require parking accommodations? (Y) N

If so, please describe the vehicles and parking plans: 1 van in the driveway

How many business shipments do you anticipate sending and receiving from this location each month and how will these deliveries be shipped? 0

Will you be able to provide adequate indoor storage for these deliveries? (Y) N

If applicable, describe any signs at this address which will advertise the business: NA.



APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only
Date Received
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Rec'd By

Name Steve McBride
Address 467 W 3750 S.
Phone 435-757-9234 Cell 435-757-9234 Fax
Email smcbride82@msn.com

Please describe the reason you are requesting a conditional use permit/business license:

[X] Home Office [] Sales [] Manufacturing [] Day Care
[] Other (please describe):

Proposed business name: Steve McBride Const

Description of business: General Contractor

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: should be no impact, most business is done over the phone

Do you plan to employ persons not living at this address as part of the business? Y (N)

Will those employees be working in your home or at another location? Please describe:

Do you plan to conduct any of the business in an accessory building at this address? Y (N)

How many clients will visit this location weekly?

Describe how you will provide parking for client visits (if applicable):

Will you have business vehicles which will require parking accommodations? Y (N)

If so, please describe the vehicles and parking plans:

How many business shipments do you anticipate sending and receiving from this location each month and how will these deliveries be shipped?

Will you be able to provide adequate indoor storage for these deliveries? (Y) N

If applicable, describe any signs at this address which will advertise the business: