Nibley City Planning & Zoning

APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only

Date Received 4/30/14

Fee Paid 25.00

Rec'd By Stephen Nelson

Name Mark Lawver

Address 3205 S 1500 W

Phone 435-535-5845 Cell _____ Fax _____

Email mark.lawver@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: Lawver Trucking

Description of business: Long Haul Trucking. All equipment will be stored off-site. I will be doing paperwork at home.

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: It will not. This is simply a home office and for tax purposes.

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? 0

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? 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: None