



APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only
Date Received 11/3/14
Fee Paid \$25.00
Rec'd By [Signature]

Name Hermelinda Saldivar
Address 187 W. 3650 S.
Phone (435) 713-4512 Cell (435) 881-9329 Fax (435) 713-4512
Email lindas\_128@hotmail.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: Cache Valley Services

Description of business: Income Tax preparation, translation of birth certificates, and other documents, help filling out papers, help get divorce tickets.

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: It will not affect our neighborhood because we'll have 2 or 3 customers per week. The only time we'll have more is during tax season, and we will do it on an appointment only basis, so that we don't have much traffic at any time.

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: I have 2 friends that will come help during tax season.

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? about 2 or 3 maybe 4
During tax season we think we will have about 10-15 per day for about 2 weeks
Describe how you will provide parking for client visits (if applicable): I have a long driveway (from Jan. 23 - Feb. 6), with room for about 4 cars on 2 sides.

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)

If applicable, describe any signs at this address which will advertise the business: I will not put any sign because our customers are mostly people that we know, and I don't want to make it a big business, we want to stay small unless it is a requirement.

Nibley City Planning & Zoning



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Name Kylie Bartholomew
Address 2580 S 1100 W Nibley UT
Phone 801 529 7225 Cell Fax
Email kylie20@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: Bartholomew Fitness

Description of business: personal training

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: It should not affect the 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: 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? 2-3

Describe how you will provide parking for client visits (if applicable): I have a large parking pad next to my home so cars will not need to park on the side of the road.

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? None

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