



APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only
Date Received 1/6/2015
Fee Paid 25.00
Rec'd By [Signature]

Name Kody Archibald
Address 1414 West 3045 South Nibley UT 84321
Phone 435-881-6129 Cell 435-881-6129 Fax
Email Kody@PreSteel.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: Precision Steel Detailing

Description of business: Structural & Misc. steel detailing

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: There will be no affect to 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: The employees will work at another location

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? There will be no shipments from this location

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: No signs req

Nibley City Planning & Zoning



APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only	
Date Received	<u>1/29</u>
Fee Paid	_____
Rec'd By	_____

Name JACOB WIBERG
 Address 101 E 3700 S. NIBLEY, UT 84321
 Phone 435 787-8409 Cell 435 764-6197 Fax _____
 Email jcwiberg@yahoo.com

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

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

Proposed business name: THE WIBERG CORPORATION

Description of business: GENERAL CONTRACTOR

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: _____

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? NONE

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: _____