



APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only
Date Received
Fee Paid
Rec'd By

Name Dulce Maria Garcia
Address 110 W. 2600 S. #19 Nibley UT, 84321
Phone (435) 232 8279 Cell Same Fax No Fax
Email No email

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

Home Office Sales Manufacturing Day Care
X Other (please describe): cleaning house any location

Proposed business name: Jesus house cleaning

Description of business: Clean houses or offices needed.

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: Only one vehicle it will not affect neighborhood surrounding.

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: yes employee will be working with me cleaning house

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? none

Describe how you will provide parking for client visits (if applicable): no parking needed.

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

If so, please describe the vehicles and parking plans: my vehicle

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: any address Cache valley

Nibley City Planning & Zoning

March 11th @ 5:30 pm



APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only
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Name Daron Lee McCombs
Address 924 W. 2450 S.
Phone 475-881-1281 Cell Fax
Email dlm-21@icloud.com

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

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

Proposed business name: Daron McCombs

Description of business: Getting paid to do a variety of different things in relation to construction/Rehabilitating

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: will have no affect out of the ordinary. Just another neighbor

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? none

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:

Nibley City Planning & Zoning

250



**NIBLEY CITY
APPLICATION FOR KENNEL LICENSE**

Application Fee: \$30 (one-time)
Annual License Fee: \$25

Date: 2.24.15

This form must be completed and returned to city staff prior to being scheduled to appear on the Planning Commission agenda. In addition, please bring a copy of this application with you when you meet with the Planning Commission to discuss the application.

Applicant: Shannon Leach

Address: 4030 South Main Street

Phone: 395-205-7518 (Home) _____ (Work) _____ (Cell) _____

Lot Size: 2.68

Fill in the following information for each dog:

Name: Sam Breed: German Shepherd
Gender: M F Age: 5yr Color: Tan/Black
Spayed/Neutered: Y N Rabies Shot: Y N Date: 2.24.15

Name: SAMSON Breed: German Shepherd
Gender: M F Age: 14mo Color: Black/Tan
Spayed/Neutered: Y N Rabies Shot: Y N Date: 11.15.14

Name: Oley Breed: German Shepherd
Gender: M F Age: 4mo Color: Black/Tan
Spayed/Neutered: Y N Rabies Shot: Y N Date: _____

Name: _____ Breed: _____
Gender: M F Age: _____ Color: _____
Spayed/Neutered: Y N Rabies Shot: Y N Date: _____