

CLARKSTON TOWN
Land, Use & Development Management
Application for Zoning Clearance

Permit No: _____

Date Submitted: _____ Received By: _____

Applicant Name: _____

Applicant Phone Number: _____

Applicant Address: _____

Work site Address (if different then Applicant's address): _____

Description of Request: (Attach additional page if necessary)
Include off-site improvements, including property access, and culverts

The following items must be attached:

- A legal description and current ownership plat of the property (obtain from Cache County Recorder).
- A plot plan showing street names and numbers; direction of north; lot dimensions; location, uses, dimensions, and set backs of all existing and proposed buildings.
- A filing fee of \$10.00

**APPLICATION MUST BE RECEIVED BY THE TOWN CLERK FIVE (5) BUSINESS DAYS PRIOR
TO THE CLARKSTON PLANNING AND ZONING MEETING.**

**CLARKSTON TOWN
LAND USE & DEVELOPMENT MANAGEMENT
APPROVAL FOR ZONING CLEARANCE**

Name: _____

Address of site: _____

Lot size: _____ Zone: _____

Tax ID#: _____

Type of construction: _____

Dimensions of building: _____

Set back requirement: _____

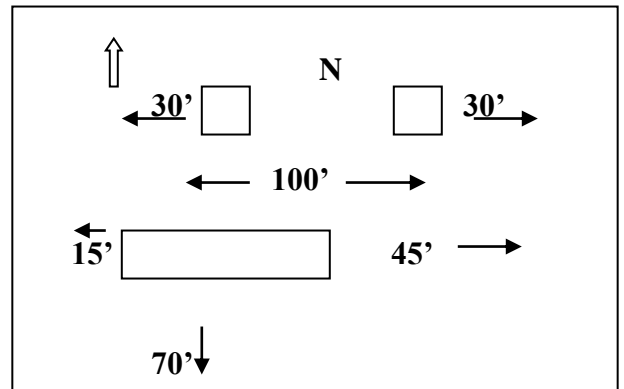
Actual Set back: _____

Side yard requirement: _____

Actual Side yard: _____

Right of way width: _____

SAMPLE PLOT PLAN



ACTUAL PLOT PLAN



(May attach an additional page showing plot plan if needed)

THIS PROPERTY IS BEING APPROVED FOR ZONING CLEARANCE AS INDICATED ABOVE. ANY CHANGES IN TYPE OF STRUCTURE OR PLACEMENT ARE NOT ALLOWED. THIS CLEARANCE IS NOT A WAIVER OF COMPLIANCE WITH THE ZONING NOR THE BUILDING CODES.

Date of Approval for Zoning Clearance

Signature (LUDM)