

BEAVER COUNTY PLANNING & ZONING COMMISSION

105 E. Center St.
PO Box 1013
Beaver UT, 84713



Kyle Blackner
Zoning Administrator

Karianne Jarvis
Zoning Chairman

435-438-6484
435-213 1752(Fax)

CONDITIONAL USE PERMIT SHORT-TERM RENTAL / BED & BEAKFAST APPLICATION

Petitioner's Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

1. Petition: _____ requests a Conditional Use Permit to:

_____ Operate a Short-Term Rental _____ Operate a Bed & Breakfast

2. Will this dwelling be owner occupied? _____ Site Manager _____

3. State issued Transient Room Tax Identification Number: _____

4. Are you current on all of your state Transient Room Tax payments? Yes No

5. Drawing: Location of parcel in question showing entry access and an arrow referencing north. (Attach Plat Map)

6. Legal Description of Parcel: (Attach Tax Roll.) Zoning District: _____

7. Physical Address: _____ Location: _____

8. Year Built _____ Square Footage _____ Multi-Family Unit _____

Property Owner Notification: If property is in an Agriculture District, notification of property owners within 500 ft. must be notified by letter, by the Zoning Administrator. (Fee of \$2.50 per letter plus \$14.00 per hour will be charged in addition to permit fee.)

9. \$100 Fee Collected: _____
Receipt # _____ Date _____

10. Applicant Signature: _____
Name _____ Date _____

11. Life-Safety Inspection: _____
County Building Inspector _____ Date _____

12. Approval: _____
Planning Commission Chairman _____ Date _____

13. Approval: _____
Zoning Administrator _____ Date _____