

# CLASS I PERMIT

## CITY OF ASHTON

<b>OWNER INFORMATION:</b>			
NAME _____	Telephone # _____	Cell # _____	
ADDRESS _____	City: _____	State: _____	Zip: _____
ADDRESS OF PROPERTY THIS PERMIT ISSUED TO: _____			
BLOCK # _____		LOT# _____	

### PURPOSE OF PERMIT

<b>CLASS I INFORMATION:</b>		<input type="checkbox"/> OTHER _____
<input type="checkbox"/> BUILDING _____	<input type="checkbox"/> FENCE _____	
<input type="checkbox"/> COMMERCIAL USE _____	<input type="checkbox"/> SIGN _____	
<input type="checkbox"/> INDUSTRY USE _____	<input type="checkbox"/> LOT SPLIT _____	
<input type="checkbox"/> HOME BUSINESS _____	<input type="checkbox"/> CHANGE OF USE _____	

- For a **building**....Type \_\_\_\_\_ Size \_\_\_\_\_
- Is this a change from existing property use? Yes No
- Did you recently purchase this property? Yes No  
If yes, previous owners name \_\_\_\_\_
- Lot Splits only!** Are the property taxes current and paid to date? Yes No *Verification must be made by the County Treasurer.* Treasurer's Office initials \_\_\_\_\_

### Home Occupation

What type of Home Business/Occupation will this be? Please describe. _____
What type of traffic will this generate? _____
How many employees will be working in this business? _____
Can you provide parking and unloading areas for your business? Yes No

\*\*\*Signature \_\_\_\_\_ Date \_\_\_\_\_

This signature acknowledges that all information, attached legal description and record of survey is in full compliance with all ordinances of City of Ashton, Fremont County, and state and federal law, and activity conducted will be in full compliance with any and all conditions imposed on this permit's approval of previous permit's affecting development of this site. This permit expires in one year if the activity is commenced but abandoned for more than one year at any time before completion.

APPLICATION ACCEPTED BY:	DATE:
ZONING DISTRICT: LOT SIZE:	NUMBER OF PARKING SPACES:
CONDITIONS IMPOSED:	ADDITIONAL SHEETS MAY BE USED AS NEEDED:
PERMIT APPROVED BY: DATE:	PERFORMANCE STANDARDS CHECKLIST MUST BE ATTACHED:
FILING FEE:\$ _____ DATE PAID _____	