



UNION COUNTY Planning Department

Inga Williams
Planning Director

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FARM/FOREST LAND USE APPLICATION

Check correct one: ___ Conditional Use ___ Administrative Use ___ Variance
 ___ Other _____

Submission Date: _____

Applicant

Name(s)	
Phone Number	
Email Address	
Mailing Address	

Owner ☐ Same as Applicant

Name(s)	
Phone Number	
Email Address	
Mailing Address	

Include an attachment with additional names and contact information if the above spaces are not sufficient.

Township	Range	Section	Tax Lot	Zoning Designation	Acreage	Tax Assessor's Ref. No.

Include additional property information as an attachment if more properties are involved in the request.

Situs address or N/A

Purpose of the Application

1) What use are you proposing that requires land use approval.

2) Cite the applicable Zoning, Partition and Subdivision Ordinance (UCZPSO) section(s).

Current Use of and Existing Structures on Property

Required Attachments

1) Narrative & Supporting Evidence

Applicants are responsible for submitting all necessary evidence to support their request. Each proposed use must comply with the requirements outlined in the UCZPSO and must be clearly justified. Provide thorough, detailed responses for each relevant code section. Be sure to include documentation that supports any claims made. Staff will review the submitted materials and determine whether the request meets the applicable code requirements, does not meet them, or may meet them with specific conditions. Vague and unsupported statements may result in a denial based on insufficient evidence. Before submitting your application, consult with staff to ensure you are responding to all necessary code sections.

2) A **vicinity map** showing the subject property and surrounding roads and adjacent properties.

3) A **site plan**, see attached example.

4) A copy of the most recent **deed**.

5) A map identifying all adjacent property under same ownership, and locations of any dwellings, if such conditions exist.

ATTESTATION

I/We, the undersigned, swear that this application, including the information and justifications submitted, is true and correct to the best of my/our knowledge and belief. I/We understand that this land use action may result in a change to the property valuation. I/We acknowledge that the property owners must abide by all conditions of approval and all applicable state statutes, federal regulations, and Union County regulations in order to get final approval and be able to begin the use.

All owners of the property must sign

Signature of Applicant		Signature of Applicant	
Printed Name	Date	Printed Name	Date

Signature of Owner, if not applicant		Signature of Owner, if not applicant	
Printed Name	Date	Printed Name	Date

Include an attachment with additional signatures if the above spaces are not sufficient.

For Planning Department Purposes Only

Date Considered Complete _____

Payment Receipt Number _____

Application Number _____