



Request for Transfer of Existing Conditional Use Permit

New Owner

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone # _____

Email: _____

Owner of Record of Conditional Use Permit

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone # _____

Email: _____

Existing Owner Approval of Transfer:

As existing owner of conditional use permit, I/we hereby approve transfer of Conditional Use Permit # _____ to the **new owner** as stated herein below.

Signature: _____ Date _____

Printed Name: _____

Affidavit of Transfer:

I, _____, residing at address listed above under New Owner, have purchased the operation and land on this date: _____, as recorded in the Cassia County Recorder's Office Instrument # _____.

Site Address of Conditional Use Property: _____

Parcel Number(s) _____

Legal Description of Property: (Attach if Necessary) _____

Current Zoning District of the premises: _____

Said Operation holds a Conditional Use Permit # _____, for the use of _____

As new owner of this operation and land, I agree to assume all duties, responsibilities and conditions of the existing Conditional Use Permit, as listed, and any agreements as currently in force and in effect at the present time with respect to said Conditional Use Permit.

Dated this _____ day of _____, 20_____.

Applicant/Owner Certification:

I/We hereby certify that all information submitted for this transfer of this Conditional Use Permit is true and accurate, is prepared to the best of my ability and knowledge, and request that this transfer be processed for consideration as currently operating. Additionally, I hereby authorize agents of the county to enter upon this subject property for purposes of review concerning the pending transfer and for determining compliance with applicable county regulations.

Signature of New

Owner of Record: _____

Date: _____

Printed Name: _____

State of _____)

ss.

County of _____)

On this _____ day of _____, 20 _____,
before me, the undersigned Notary Public for the State of Idaho, personally appeared _____,
known or identified to me, to be the persons
whose names are subscribed to the within instrument, and acknowledged to me that they
executed the same.

SEAL

Notary Public
for Idaho: _____

Residing at: _____

My Commission Expires: _____