



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.

Existing Owner

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 the new owner of this conditionally permitted operation, I agree to assume all duties, responsibilities, and conditions of the existing **Conditional Use** permit, as listed, a copy of which is attached hereto and as is incorporated herein though fully set forth, and any agreements in force with respect to that permit.

Dated this _____ day of _____, 20_____.

New Owner

Signature: _____

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 of New Owner

State of Idaho)
)
County of Cassia) ss.

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.

Notary Signature

Notary Public for _____

Residing at: _____

My Commission Expires: _____

Notary Stamp