



**MAPLETON CITY CORPORATION**

**CONDITIONAL USE PERMIT – ASSISTED LIVING FACILITY**

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**Applicant Information**

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Project Parcel#: \_\_\_\_\_

Project Location: \_\_\_\_\_ Number of Residents Requested: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of on-site parking spaces: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(property owner or authorized agent)

Briefly describe the proposed use: \_\_\_\_\_

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**Submittal Requirements**

- Submit application.
- Pay application fee of \$175.00 (click on \$ link below or bring payment to City Hall).
- Submit a site plan showing existing and proposed buildings and parking layout.
- Submit a floor plan showing how the interior of the building(s) will be used.