

**LEWISTON CITY CORPORATION
29 SOUTH MAIN STREET
LEWISTON, UT 84320**

Planning and Zoning Meeting

Public Notice is hereby given that the Lewiston City Planning & Zoning Commission will meet in a regularly scheduled meeting at 29 South Main St., Lewiston, UT, in the Club Room, on **Wednesday, December 3, 2025**. The meeting will begin promptly at 7:00 p.m.

Agenda

1. Call to Order
 - Pledge of Allegiance
2. Public Comment Period - Comments will be listened to with no action taken. Items needing action will be placed on next month's agenda by request. Individuals will be given 3 minutes to comment. The public comment period will last a maximum of 20 minutes.
3. Approval of the Planning Commission meeting minutes from: November 5, 2025.
4. Review of Building Permits issued for November 2025 – P & Z Administrator, Abel Herrera
5. Review of Business License Application / Zoning Clearance – Spring Tree Counseling, (Heather Stephenson) 275 N 1300 E, Ste. 206 & 207.
6. Review of Business License Application / Conditional Use Permit – Synergetic Solutions (Keith Morris) Request for Short Term Rental business license and CUP at 61 Park Lane.
7. Discussion on Short Term Rental Ordinance Draft.
8. Other Business
9. Adjourn

Next scheduled meeting is January 7, 2026 at 7:00 p.m.

In compliance with the American with Disabilities Act, individuals needing special accommodations during this meeting should notify the City Office at least two (2) days before the date of the meeting.

Dated this 1st day of December 2025.

Planning and Zoning

LEWISTON CITY - PERMITS ISSUED - NOVEMBER 2025

Date	Permit #	Permit Type	Description	Owner	Address	Parcel #	Valuation
11/21/2025	LEW-25-11-21-35	Mechanical	Furnace Replacement	Melanie Wheeler	2670 W 2000 S, Lewiston, UT 84320	14-030-0037	0
11/7/2025	LEW-25-11-07-34	Solar	Battery Addition	Troy Fonger	115 S Main St., Lewiston, UT 84320	09-024-0028	0



LEWISTON CITY BUSINESS LICENSE

GENERAL LICENSING REQUIREMENTS

- Lewiston City requires licensing of all businesses which engage in any activity resulting in compensations or other consideration derived from carrying on any business, trade, profession, craft, occupation, commerce, sales of tangible personal property, or services or both.
- All applicable City, County, State, and Federal laws must be complied with concurrently while licensed in Lewiston City. Certain types of occupations and professions require state regulatory licenses in addition to the local business license.
- There may be a separate fee assessed if it becomes necessary for you to apply for a Conditional Use Permit. Site development and landscaping may be conditions of your Conditional Use Permit.
- If you are operating the business from a non-residential site in Lewiston, you may be required to have a Fire Department and/or Building Inspector inspect your site. Home occupations involving childcare and pre-school will require a Fire Department self-inspection. Random fire inspections may be conducted, unannounced, by the local fire department or city building inspector.
- **Acquire State Tax Commission numbers:** Businesses must obtain a Sales & Use Tax number to collect and remit state taxes on rental or retail sale items, taxable services, and various out-of-state purchases. Businesses which have employees require these numbers. Contact the Utah State Tax Commission at 1-800-662-4335 for assistance. If required for your business operation, these numbers must be on the business license application when submitted.
- **Register your business name:** Each Business name or DBA (Doing Business AS) name must be registered. A sole proprietor using only his or her legal personal name may be exempt from registration. Contact the Utah Division of Corporations and Commercial Code at (801) 530-4849.
- **Streamlining the registration process:** One Stop Business Registration can be found at <https://www.utah.gov/business/> . You can also go to: <https://www.utah.gov/index.html> and search for "Business License" for more information and links. By using this system, you will be able to connect with the Utah Department of Commerce, the Utah Department of Workforce Services, and the Utah Department of Environmental Quality.

APPLICATION FOR BUSINESS LICENSE

New Application: X

Renewal: _____

Please complete the entire application and provide copies of your business documents (incomplete applications will not be processed). For renewal, licenses will be signed and issued upon review and receipt of payment. For new applications, the Planning & Zoning Commission must approve the application, after which a license fee will be assessed in accordance with current laws and ordinances.

Business Name: Spring Tree Counseling

Business Address: 275 N 1300 E Ste 206 & 207

Owner Name: Heather Stephenson Phone Number: 435-227-5543

Email: Heathers.LPC@gmail.com Year Business Began: 2016

TYPE OF BUSINESS TO BE PERFORMED: Mental Health Counseling

Describe the type of business and services provided:

mental health counseling to adults, children, & families.

Do you own or lease? lease (If you lease, a lease agreement from the property owner is required)

Business Classification: Sole Proprietor X Corporation _____ Government Agency FLLC X

Utah Sales Tax No: _____ Original Date: _____ Federal ID: _____

State ID No: _____ DBA No: _____ EIN: 81-1362424

Public Access? Y _____ N X - by appointment only

If yes, indicate number of customers, clients, children, etc. you will serve at any one time: _____

Anticipated customer/client visits per week: 10-15

Number of employees/non-resident workers (home-based business) at the business at any one time? 0

Number of off-street parking spaces available for Residents: _____ Customers: 72 Employees: _____

Hours of Operation: T, W, TH 10-7

Are there truck deliveries to the business? Y _____ N X

If yes, please describe: _____

Do you have a sign for the business? Y _____ N X

If yes, please describe: _____

Are there other businesses in operation at this location? Y X N _____

If so, what: other small business offices

I certify that all the above information is true and understand that any false or incomplete information can cause a license to be denied or my existing business to be closed. Further, I agree to abide by all conditions of the Lewiston City business license ordinance.

Date: 11/25/25 Signature: Heather Stephenson

LEWISTON CITY FIRE AND SAFETY QUESTIONNAIRE

This form is to be completed by the Applicant.

All the information contained in this report is considered applicable unless otherwise specified.

Business Name: Spring Tree Counseling

Business Address: 275 N 1300 E. Ste 206/207

Business Phone Number: 435-227-5543 Date of Inspection: 11-25-25

Name of Person Performing Inspection: Heather Stephenson

AREA OF INSPECTION	DETAILS	CONFORMS: YES or N/A
Smoke Detectors	At least one on every level. Tested monthly. Batteries changed two times each year	Yes
Exit Doors/Hallways	All exit doors are to remain clear and free of obstructions (boxes, storage, deliveries, etc.).	Yes
Extinguishers	At least one "2A-10-BC" extinguisher. Service every year. Permanently mounted in common area of home.	Yes
Storage	Storage of combustibles inside of furnace room, around furnace or gas water heater is not permitted (paints, gas, etc.).	Yes
Electrical Concerns	Extension cords shall not be used as permanent wiring for a period exceeding 3 days. Breaker plug strips are allowed.	Yes
Breaker Panel	Must maintain 36" of clearance. Never tape across breakers.	Yes
Electrical Outlets	Must have approved covers in place.	Yes
Address	Must be visible from the street & mounted on the home (free from bushes, shrubs, etc.).	Yes
Space Heaters	Keep all combustibles clear	Yes
Other	Any other requirements that are applicable to your industry or business	—

I certify that all the above information is true and understand that any false or incomplete information can cause a license to be denied or my existing business to be closed. Further, I agree to abide by all conditions of the Lewiston City business license ordinance.

Date: 11-25-25 Signature: Heather Stephenson

LEWISTON CITY FIRE DISTRICT
PREMISE FILE INFORMATION

(This page will be forwarded to the 911 Dispatch Center)

Date: 11/25/25

Business Name: Spring Tree Counseling

Business Address: 275 N 1300 E Ste 206, Lewiston, UT 84320

Phone Number: ⁽⁴³⁵⁾227-5543

Owner Name: Heather Stephenson

Address: 681 W 800 S City Lewiston State UT Zip 84320

Phone Number: (435) 232-6259 Date of Birth (mmddyyyy) 07/02/1978

Alternate Contact #1 Name: Robert Stephenson

Address: 681 W 800 S City Lewiston State UT Zip 84320

Phone Number: (435) 232-3047 Date of Birth (mmddyyyy) 10-16-1976

Alternate Contact #2 Name: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Date of Birth (mmddyyyy) _____

Alarm Company (is used): _____

Phone Number: _____

For Lewiston City Office Use Only:

Planning Commission / Zoning Administrator

Approved _____ Date _____

Denied _____ Date _____

Reason for Approval or Denial _____

Does This Business Require a Conditional Use Permit? No. Does require zoning clearance

This Conditional Use Permit is subject to the following conditions:

Date Received: _____

Fee Paid: \$ _____ Via: _____

Conditional Use Permit Completed/Attached? _____

Conditional Use Permit #: _____

Received By: _____

Signature

Name and Title

Staff Comments:

Dear Planning and Zoning Commission Members,

I am writing to express my continued interest in pursuing a Conditional Use Permit (CUP) for the operation of a Short Term Rental (STR) at my property located at 61 Park Lane, a small single-family home in Lewiston. Unfortunately, I am unable to attend the upcoming meeting due to unavoidable out-of-town travel for a company insurance meeting and training. I regret missing the opportunity to discuss this application in person and appreciate your understanding.

As a long-time resident of Lewiston, I am committed to operating this STR in a responsible manner that aligns with our community's values and zoning regulations. To ensure minimal impact on neighbors, I intend to implement strict house rules, including prohibitions on street parking and adherence to designated curfew hours. Additionally, I will fully comply with all required local business licensing through the City of Lewiston and handle hotel tax filings with the Utah State Tax Commission, with those funds returned directly to our city.

My goal is to maintain the property as a welcoming and attractive destination that highlights the charm of Lewiston and encourages visitors to explore our town. Living just a short distance away, I will be readily available to address any maintenance needs, guest concerns, or other situations promptly, ensuring the property remains a positive asset to the neighborhood.

I kindly request that you consider this letter as part of the public record for my CUP application and would welcome any feedback or additional information you may need. Thank you for your time and dedication to preserving the quality of life in Lewiston. I look forward to your favorable consideration.

Thanks

Keith Morris

APPLICATION FOR BUSINESS LICENSE

New Application: X

Renewal: _____

Please complete the entire application and provide copies of your business documents (incomplete applications will not be processed). For renewal, licenses will be signed and issued upon review and receipt of payment. For new applications, the Planning & Zoning Commission must approve the application, after which a license fee will be assessed in accordance with current laws and ordinances.

Business Name: SYNERGETIC SOLUTIONS

Business Address: 1070 W 1600 S LEWISTON

Owner Name: KEITH MORRIS Phone Number: 435-232-7032

Email: WAYNEKEITH4@YAHOO.COM Year Business Began: _____

TYPE OF BUSINESS TO BE PERFORMED: RENTAL OF RESIDENTIAL PROPERTIES

Describe the type of business and services provided:

RENTAL OF RESIDENTIAL PROPERTIES. MAINTENANCE
OF PROPERTY AND CARE OF A TENANT

Do you own or lease? LEASE (If you lease, a lease agreement from the property owner is required)

Business Classification: Sole Proprietor _____ Corporation _____ Government Agency _____ LLC _____

Utah Sales Tax No: _____ Original Date: _____ Federal ID: _____

State ID No: _____ DBA No: 8100232-0151 EIN: 70-3112636

Public Access? Y ___ N X

If yes, indicate number of customers, clients, children, etc. you will serve at any one time: _____

Anticipated customer/client visits per week: _____

Number of employees/non-resident workers (home-based business) at the business at any one time? _____

Number of off-street parking spaces available for Residents: 3 Customers: _____ Employees: _____

Hours of Operation: _____

Are there truck deliveries to the business? Y ___ N X

If yes, please describe: _____

Do you have a sign for the business? Y ___ N X

If yes, please describe: _____

Are there other businesses in operation at this location? Y ___ N X

If so, what: _____

I certify that all the above information is true and understand that any false or incomplete information can cause a license to be denied or my existing business to be closed. Further, I agree to abide by all conditions of the Lewiston City business license ordinance.

Date: 11/28/25 Signature: Keith Morris

LEWISTON CITY FIRE AND SAFETY QUESTIONNAIRE

This form is to be completed by the Applicant.

All the information contained in this report is considered applicable unless otherwise specified.

Business Name: SYNERGETIC SOLUTIONS

Business Address: 1070 W 1600 S LEWISTON

Business Phone Number: 435-232-7032 Date of Inspection: 11/28/25

Name of Person Performing Inspection: KEITH

AREA OF INSPECTION	DETAILS	CONFORMS: YES or N/A
Smoke Detectors	At least one on every level. Tested monthly. Batteries changed two times each year	4-YES
Exit Doors/Hallways	All exit doors are to remain clear and free of obstructions (boxes, storage, deliveries, etc.). 3	YES
Extinguishers	At least one "2A-10-BC" extinguisher. Service every year. Permanently mounted in common area of home. 2	YES
Storage	Storage of combustibles inside of furnace room, around furnace or gas water heater is not permitted (paints, gas, etc.).	YES
Electrical Concerns	Extension cords shall not be used as permanent wiring for a period exceeding 3 days. Breaker plug strips are allowed.	YES
Breaker Panel	Must maintain 36" of clearance. Never tape across breakers.	YES
Electrical Outlets	Must have approved covers in place.	YES
Address	Must be visible from the street & mounted on the home (free from bushes, shrubs, etc.).	YES
Space Heaters	Keep all combustibles clear	YES
Other	Any other requirements that are applicable to your industry or business	N/A

I certify that all the above information is true and understand that any false or incomplete information can cause a license to be denied or my existing business to be closed. Further, I agree to abide by all conditions of the Lewiston City business license ordinance.

Date: 11/28/25 Signature: KEITH

**LEWISTON CITY FIRE DISTRICT
PREMISE FILE INFORMATION**
(This page will be forwarded to the 911 Dispatch Center)

Date: 11/28/25

Business Name: SYNERGETIC SOLUTIONS

Business Address: 1070 W 1600 S, Lewiston, UT 84320

Phone Number: 435-232-7032

Owner Name: KEITH MORRIS

Address: 1070 W 1600 S City LEWISTON State UT Zip 84333

Phone Number: 435-232-7032 Date of Birth (mmddyyyy) 6/19/73

Alternate Contact #1 Name: BROOK MORRIS

Address: 1070 W 1600 S City LEWISTON State UT Zip 84333

Phone Number: 435-232-7032 Date of Birth (mmddyyyy) 10/13/76

Alternate Contact #2 Name: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Date of Birth (mmddyyyy) _____

Alarm Company (is used): _____

Phone Number: _____

For Lewiston City Office Use Only:

Planning Commission / Zoning Administrator

Approved _____ Date _____

Denied _____ Date _____

Reason for Approval or Denial _____

Does This Business Require a Conditional Use Permit? _____

This Conditional Use Permit is subject to the following conditions:

Date Received: _____

Fee Paid: \$ _____ Via: _____

Conditional Use Permit Completed/Attached? _____

Conditional Use Permit #: _____

Received By: _____

Signature

Name and Title

Staff Comments:



Lewiston City Conditional Use Permit

Project Information

Property Owner Name KBM 2 PROPERTIES, LLC
Address 1070 W 1600 S
Phone 435-232-7032
E-mail WAYNEKEITH4@YAHOO.COM

Developer/Applicant Name _____
Address _____
Phone _____
E-mail _____

Please check one of the following: ☐ owner ☐ buyer ☐ agent ☐ other

Property Location 61 PARK LANE

Zoning R-1-10 Property Tax I.D. 09-019-0005

Legal Description:

Purpose of Conditional Use Application SHORT TERM RENTAL

Provide a Site Plan and Construction Drawings as Applicable (Minimum Size 11 x 17 along with electronic documents)

Planning Commission / Zoning Administrator

Approved _____ Date _____

Denied _____ Date _____

Reason for Denial _____

This Conditional Use Permit is subject to the following conditions:

For Lewiston City Office Use Only:

Planning Commission / Zoning Administrator

Approved _____ Date _____

Denied _____ Date _____

Reason for Approval or Denial _____

Does This Business Require a Conditional Use Permit? Yes

This Conditional Use Permit is subject to the following conditions:

Date Received: _____

Fee Paid: \$ _____ Via: _____

Conditional Use Permit Completed/Attached? _____

Conditional Use Permit #: _____

Received By: _____

Signature

Name and Title

Staff Comments:

09-019-0001
CORP LDS
LEWISTON FIRST

PARK LN

09-019-0002
LEWISTON CITY CORP

09-019-0004
STEVEN BLAINE
DURRANT

09-019-0005
KBM 2
PROPERTIES LLC

09-019-0006
MORGAN JAMES &
SARAH BETTY BALDWIN

09-019-0007
JORDON KELLER

09-019-0008
TESS L ST
IRREVOC
GRANTOR

Lewiston City Short-Term Rental (STR) Ordinance

Section 1. Purpose and Scope

This ordinance establishes the requirements, standards, and procedures for the licensing, operation, and management of Short-Term Rentals (STRs) within Lewiston City. STRs are defined as the use, occupancy, rent, or lease, for direct or indirect remuneration, of a structure or any portion thereof constructed for a single household, for a term of 30 consecutive days or less.

Section 2. Permitted Locations

- A. STRs are permitted in all zones except where prohibited by Homeowner's Associations.
- B. The property owner must reside within the designated city of Lewiston, Utah.

Section 3. License Application Requirements

A. Applicants must submit:

1. The address and site plan of the rental property.
2. The number of bedrooms and maximum occupancy.
3. A letter from the Fire Marshall confirming compliance with residential fire prevention standards.
4. A site plan showing off-street parking (minimum 10' x 24' per space, asphalt or concrete), with no leasing of yard or driveway for RV parking or camping.
5. Proof of payment of all required taxes and fees.
6. Payment of application and annual renewal fees as set by City resolution. B. The City Clerk shall issue the license upon approval by Planning and Zoning and City Council, provided all requirements are met.

Section 4. License Term and Renewal

A. Licenses are valid for up to one year and may be renewed annually by December 31st. B. Renewal requires payment of the annual fee and submission of proof of insurance, fire inspection, and all applicable taxes paid. C. Failure to renew by December 31st revokes the license; a new application is required. D. Owners must amend applications for any changes in circumstances (e.g., modifications to premises, ownership, or contact information), subject to review by Planning and Zoning.

Section 5. Change of Ownership

A. A change in ownership requires a new application and license. B. The new owner may apply for a Temporary Operation Permit, valid through December 31st of the current year, subject to a transfer fee. C. Within 15 business days of sale, the new owner must submit:

1. A signed affidavit acknowledging ownership change,
2. A list of scheduled STR bookings through year-end,
3. An agreement to comply with all STR regulations for the duration of the temporary permit.

Section 6. Management Standards

A. Licensees must provide for adequate maintenance, including:

1. Structural maintenance for code compliance,
2. Routine upkeep consistent with neighboring properties,
3. Timely trash collection and property cleanliness. B. All STRs may be subject to random annual inspections.

Section 7. Additional Criteria

A. Sleeping areas must be designated in the application, based on allowable square footage. B. At least one parking space per four occupants is required, with all vehicles parked on the property. C. No parking on adjacent property or public right-of-way; trailers, RVs, boats, etc., must be in designated areas. D. Discovery of an immediate health hazard authorizes the City to suspend the license until remedied and re-inspected.

Section 8. Licensing and Taxes

A. STR owners must pay all applicable taxes and fees, including business licenses and transient room taxes. B. Owner-occupied STRs require a home occupation business license; non-owner-occupied STRs require a business license and are taxed at 100% value. C. Only one STR is allowed per property. D. Fire department inspection is required before issuance and upon alterations or occupancy changes. E. Owners must communicate STR rules and the Good Neighbor Guide to guests electronically. F. No property may have both an Internal and Detached Accessory Dwelling Unit (ADU) or an ADU in addition to an STR.

Section 9. Parking

A. A minimum of one off-street parking space per rental is required, plus additional spaces for more than three occupants. B. Parking spaces must be maintained and available at all times.

Section 10. Non-Owner Occupied STRs

A. The application must include the name, address, and 24-hour contact information for a responsible party residing within Hyde Park City limits. B. The owner, management company, or agent must acknowledge compliance with all STR regulations. C. The property must display:

1. STR rules and regulations,
2. Contact information for the property manager or owner,
3. Maximum occupancy and vehicle limits,
4. Parking locations and seasonal rules.

Section 11. Prohibited Activities

A. Occupancy beyond the licensed maximum. B. Non-compliant vehicle parking. C. Outdoor sleeping exceeding permitted occupancy. D. Unauthorized commercial activities. E. Long-term rentals (over 30 days) are not eligible for STR licensing.

Section 12. Fees

A. Application and renewal fees are set by City resolution and used to offset administrative costs.

Section 13. Violations and Penalties

A. The owner is responsible for regulating occupancy, noise, and parking. B. Violations of noise, nuisance, or illegal conduct ordinances may result in license revocation. C.

Penalties:

1. First violation: verbal warning.
2. Second violation (within 12 months): written warning and citation.
3. Third violation (within 12 months): notice of potential revocation and citation with fines.
4. Fourth and subsequent violations (within 12 months): license revocation for 24 months and citation with fines. D. Failure to obtain a license within 30 days of notification results in a \$100 lien, increasing by \$100 every 30 days of non-compliance. E. The City may inspect properties without notice if prohibited activities are suspected.