



Conditional Use Permit

For Official Use only

Date Received _____
 Receipt No. _____
 Amount \$ _____
 Approval / Denial Date _____

Proposed Project RMC Skilled Nursing Facility

Address of Subject Property 3125 Wolf Pack Way

Name of Applicant DEJ Holdings, LLC Phone 4358797907

Address of Applicant 5242 S College Dr, STE 340, Murray, UT, 84123

E-mail address of Applicant ben.oveson@rmcare.com Zone Commercial

**(Non-owner residents shall provide written approval from the property owner
for the non-owner to be able to apply for the special use permit.)**

Name of Property Owner Dee Bangerter/Victor Kimball Phone 4358797907

Application is hereby made to Hyde Park City requesting that a skilled nursing facility
 be permitted as a **CONDITIONAL USE** on 5 acres (issue) located at the above address.
(sq. ft. or acres)

Please include with the Application and submit at least 17 days prior to meeting:

A. ☒ Describe proposed project DEJ Holdings is proposing to build a skilled nursing facility
on the Southeast corner of the parcels. This facility will be on 5 acres of land.

B. ☒ Detailed location, site and/or building plans

C. ☐ \$55.00 application fee

File the completed application at:

Hyde Park City
 113 East Center
 Hyde Park, UT 84318

*I certify that the information contained in this application
and supporting plans are correct and accurate. I agree to
abide by the conditions a set forth by the City.*

DocuSigned by:
Dee Bangerter 2/9/2021
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 Signature of Applicant Date

*The Applicant is hereby authorized to establish the requested use in accordance with the attached site plan, subject to
the following conditions:* _____

☐ Approved

☐ Denied

Signature of City Representative

Date

Hyde Park City Planning