

PARK CITY MUNICIPAL CORPORATION
PLANNING DEPARTMENT
445 MARSAC AVE ° PO BOX 1480
PARK CITY, UT 84060
(435) 615-5060



ACCESSORY APARTMENT

For Office Use Only

CITY STAFF	PLANNING COMMISSION	APPLICATION #	_____
APPROVED _____	APPROVED _____	DATE RECEIVED	_____
DENIED _____	DENIED _____	EXPIRATION	_____
PROJECT PLANNER _____			

PROJECT INFORMATION

NAME: _____

ADDRESS: _____

TAX ID: _____ OR
SUBDIVISION: _____ OR
SURVEY: _____ LOT #: _____ BLOCK #: _____

APPLICANT

NAME: _____

MAILING ADDRESS: _____

PHONE #: () - _____ FAX #: () - _____
EMAIL: _____

APPLICANT REPRESENTATIVE INFORMATION

NAME: _____

PHONE #: () - _____

EMAIL: _____

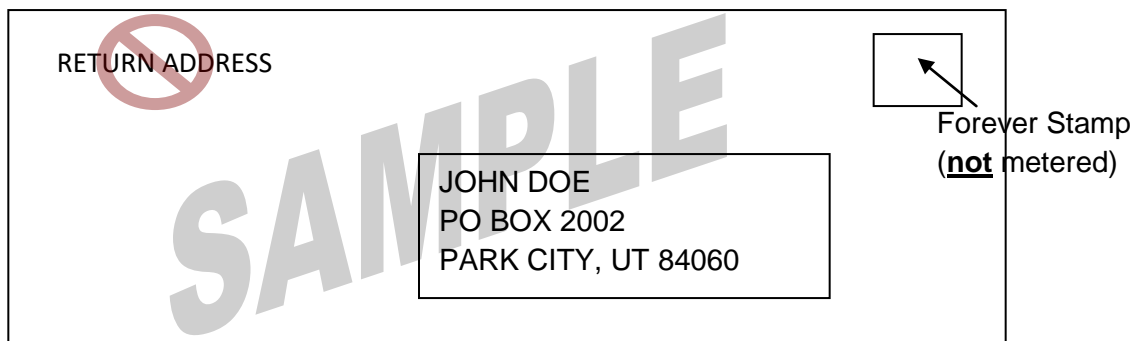
If you have questions regarding the requirements on this application or process please contact a member of the Park City Planning Staff at (435) 615-5060 or visit us online at www.parkcity.org.

SUBMITTAL REQUIREMENTS – All of the following items must be included in order for the Planning Department to take the application.

1. Completed and signed application form.
2. Provide a written statement describing the request and any other information pertaining to the conversion of the proposed project.
3. Review fees:
Regulated Use - \$330.00
Conditional Use - \$1140.00
4. One (1) floor plan showing Building Code compliance that clearly identify proposed changes.
5. One (1) site plan showing compliance with parking and landscape requirements that clearly identify proposed changes.
6. One (1) copy of the Deed Restriction that has been recorded with Summit County Recorder.
7. Evidence of notification to appropriate Home Owner's Association.

ADDITIONAL REQUIREMENTS FOR CONDITIONAL USE ONLY

8. List of property owners, names, and addresses within 300 feet. The distance is measured from the property line, not the location of the request. Please provide the Summit County Assessor's Parcel Number for each property if possible.
9. Stamped, addressed #10 size business envelopes for property owners written within 300 feet.
 - Envelopes (example given below of proper addressing) with mailing labels and stamps affixed. **Please do not use self-adhesive style envelopes, do not include a return address, and do not use metered postage.**
 - **Stamps must be USPS Forever.**



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ACKNOWLEDGEMENT OF RESPONSIBILITY

This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am a party whom the City should contact regarding any matter pertaining to this application.

I have read and understood the instructions supplied by Park City for processing this application. The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until a Project Planner has reviewed the application and has notified me that it has been deemed complete.

I will keep myself informed of the deadlines for submission of material and the progress of this application. I understand that a staff report will be made available for my review three days prior to any public hearings or public meetings. This report will be on file and available at the Planning Department in the Marsac Building.

I further understand that additional fees may be charged for the City's review of the proposal. Any additional analysis required would be processed through the City's consultants with an estimate of time/expense provided prior to an authorization with the study.

Signature of Applicant: _____

Name of Applicant: _____

PRINTED

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Type of Application: _____

AFFIRMATION OF SUFFICIENT INTEREST

I hereby affirm that I am the fee title owner of the below described property or that I have written authorization from the owner to pursue the described action. I further affirm that I am aware of the City policy that no application will be accepted nor work performed for properties that are tax delinquent.

Name of Owner: _____

PRINTED

Mailing Address: _____

Street Address/ Legal Description of Subject Property: _____

Signature: _____ Date: _____

- 1 If a corporation is fee titleholder, attach copy of the resolution of the Board of Directors authorizing the action.
- 2 If a joint venture or partnership is the fee owner, attach a copy of agreement authorizing this action on behalf of the joint venture or partnership

Please note that this affirmation is not submitted in lieu of sufficient title evidence. You will be required to submit a title opinion, certificate of title, or title insurance policy showing your interest in the property prior to final action.

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