

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



## CHILD CARE CENTER / FAMILY CARE

<i>For Office Use Only</i>			
PLANNING STAFF		PLANNING COMMISSION	APPLICATION # _____
APPROVED _____		APPROVED _____	DATE RECEIVED _____
DENIED _____		DENIED _____	EXPIRATION _____

### PROJECT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TAX ID: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

LOT#: \_\_\_\_\_ SURVEY: \_\_\_\_\_ BLOCK #: \_\_\_\_\_

### APPLICANT

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

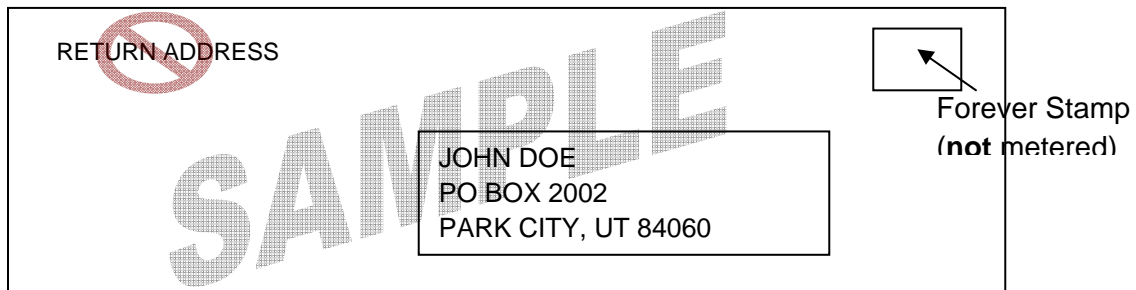
APPLICANT REPRESENTATIVE: \_\_\_\_\_

CONTACT INFO: \_\_\_\_\_

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](http://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 - \$330.00 Administrative Permit  
\$1140.00 Conditional Use Permit
  4. One (1) 11" x 17" copy of site plan and building floor plan. The site plan shall include the existing and proposed of the following;
    - Parking
    - Drop off/pick-up areas
    - Play area location
    - Setbacks
    - Fencing and/or screening
    - Signage, if proposed
  5. Two (2) 11"x17" reduction of plans.
  6. 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.
  7. 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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**PROJECT DESCRIPTION**

1 Provide a written statement detailing the request and any other information pertaining to the proposed project.

2 Existing Zoning: \_\_\_\_\_

3 Care will be provided for:

Family Child Care:	5-8 children	9-16 children	17 or more children
Child Care Center:	5+ children		

4 Is the address for proposed child care facility a permanent residence and will you be the primary provider of childcare at this address?

No                      Yes (sign below)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5 Will there be additional employees other than you?              No              Yes (answer #5)

6 Is parking available for non-resident employees?              No              Yes

Where will parking be provided? \_\_\_\_\_

7 Are there drop-off/pick-up spaces available?              No              Yes

Where are the spaces located? \_\_\_\_\_

## 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: \_\_\_\_\_

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## 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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