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



	ACCESSORY	APARTM	IENT	
	For Office	Use Only		
CITY STAFF	PLANNING COMMIS	SION AF	PPLICATION #	
APPROVED	APPROVED	D	ATE RECEIVED	
DENIED	DENIED	EX	(PIRATION	
PROJECT PLANNER				
PROJECT INFORMA	ATION			
NAME:				
ADDRESS:				
TAX ID: SUBDIVISION:				OR OR
SURVEY:		LOT #:	BLOCK #:	
APPLICANT				
NAME:				
MAILING ADDRESS:				
PHONE #: EMAIL:	() -	FAX #: <u>(</u>) -	
APPLICANT REPR	ESENTATIVE INFORMATION	1		
NAME:				
PHONE #: EMAIL:	() -			
LIVIAIL.				

SUBMITTAL REQUIREMENTS – All of the following items must be included for the Planning Department to accept the application:

- 1. Completed and signed application.
- 2. A written statement describing the request.
- 3. Review fees: Allowed Use - \$330.00
- 4. One (1) floor plan showing Building Code compliance that clearly identifies existing conditions and proposed changes.
- 5. One (1) site plan showing compliance with parking and landscape requirements that clearly identifies existing conditions and proposed changes.
- 6. One (1) draft copy of the Deed Restriction proposed to be recorded with Summit County.
- 7. For property that is part of a Homeowner Association, evidence of Homeowner Association notification and approval.
- 8. An electronic Excel spreadsheet with property owner, Summit County Assessor Parcel Number, and mailing address for properties within 100 feet, measured from the property line.

Template is available through https://www.parkcity.org/departments/planning.

PROJECT DESCRIPTION

1.	On a separate sheet of paper, give a general description of the proposal and attach it to the application (See Submittal Requirement #2).			
2.	Existing Zoning:			
3.	Size of Accessory Apartment unit: square feet			
4.	Total house size: square feet			
5.	Number of bedrooms in the accessory apartment:			
6.	Number of parking spaces: required proposed			
7.	Are the parking spaces tandem? Yes No			
8.	Other applications at subject project that are under review by the City?			
9.	"If an Accessory Apartment permit is granted, the Accessory Apartment must be rented for periods of at least 90 days." Are you aware of and willing to comply with this condition? Yes No			

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:			
Mailing Address:	PRINTED		
Phone: Email:	Fax:		
Type of Application:			
	title owner of the below described property or that I have written authorization from the owner to rther affirm that I am aware of the City policy that no application will be accepted nor work		
Street Address/ Legal De	escription of Subject Property:		
Street Address/ Legal De			

- 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.

WHEN RECORDED RETURN TO: PARK CITY MUNICIPAL CORPORATION ATTN: CITY RECORDER PO BOX 1480 PARK CITY UT 84060

NOTICE TO PURCHASERS

	n accessory apartment permit by Park City day of, 20, on the following
I hereby acknowledge and agree to t Apartment permit:	the following conditions relating to said Accessory
is automatically transferred to the ne however, if the Use by the new Own- approval, the permit may be invalida Management Code Section 15-4-7(E Land Management Code Section 15	. This permit runs with the land and w owner by the sale or transfer of this Property, provided er does not continue to comply with the conditions of ted by the Planning Department pursuant to Land 3)(1). The Use of the Accessory Apartment shall abide by -4-7. The Owner and tenants shall strictly adhere to all ry Apartment rental term shall be no less than ninety (90)
by June 30 of each year. The Annua affidavit by the Owner certifying that Accessory Apartment approval. Failu Compliance Report form to an Owne make the Annual Compliance Report	Compliance Report for the Accessory Apartment to the City I Compliance Report shall be accompanied by a signed such Owner is in compliance with the terms of the ure of the City to mail or otherwise provide the Annual er does not discharge the obligations of such Owner to t. The City may request additional documentation to or terms no less than ninety (90) days.
I further agree to the recording of this	s agreement in the office of the Summit County Recorder.
Dated	Owner:
State of Utah) ss County of)	

The foregoing Notice to Purchasers was acknowledged be	efore me this day of
, 20, by	, the
owner of the above described property, who executed the	same.
_	
	Notary Public

Park City Affordable Housing Affidavit For Owner Occupied Units



State of Utah County of Summit

BEFORE ME, the undersigned Notary,			[name o		
Notary before whom affidavit is sworn], on this _		[day of month] day of		y of	
[month], 20	, personally ap	peared			
[na	ame of affiant], kn	own to me to be a	credible persor	n and of	
lawful age, who being by me first dul	ly sworn, on	[his or her] c	ath, deposes a	nd says:	
I currently own my residence at			(street address)	which is	
a deed restricted property to prese	rve affordability. I a	m fully aware of the	restrictions and a	m to the	
best of my knowledge in compliand	ce including the requ	uirement for owner o	ccupancy. I veri	fy that I	
continue to live in it as my primary	residence.* I have i	never rented my hon	ne even for short	periods	
of time. I have not acquired any dir	ect interest in other	real property since	my purchase of t	he deed	
restricted unit listed above. If appro	oved by the city's ho	ousing office to rent t	o a roommate, pi	lease list	
name, employment and amount of	rent charged:				
				·	
[signature of affiant]					
(printed name of affiant]	(phone)				
Implies address of official line 11					
[mailing address of affiant, line 1]					
[mailing address of affiant, line 2]	(email address)		-		
[mailing address of amark, line 2]	(email address)				
Subscribed and sworn to before me, this	la	av of monthl dav of		[month].	
20					
			[Notary Seal:]		
[signature of Notary]					
[typed name of Notary]					
NOTARY PUBLIC	My comn	nission expires:	, 20	·	

*Primary Residence is defined as the domicile in which you live for no less than 9 months out of any given 12 month period.