

Garden City Business License Application

PO Box 207 • 69 N. Paradise Parkway • Garden City, Utah 84028
www.gardencityut.us • 435-946-2901 • 435-946-8852 Fax

Temp. Approval
Pat 2-20-24
Martel 2-14-24

Business Status: (check all that apply)

New Business

Additional Location # _____

Name Change

Ownership Change

Location Change

Transient Vendor

Concessionaire Vendor

License Fee:

Business License Fee _____

Transient License Fee _____

Concessionaire Fee _____

Additional Location _____

Other _____

Beach Vendor License also requires a BCI background check

Official Use Only:

Planning Commission: Approved Not Approved Date: _____

Town Council: Approved Not Approved Date: _____

Inspections: Building Insp.: Initial Date: _____ Final Date: _____

Fire Inspection: Initial Date: _____ Final Date: _____

Comments:

Zone: Commercial 1 2 3 Residential Beach Devel. Other _____

Business Name: Zions Bank

If name change, previous name: _____

Location Address: 557 N. Bear Lake Blvd Ste A

City, State & Zip: Garden City, UT 84028

Business Phone: 435-946-9122

Cell Phone: 207-887-7988

Mailing Address: PO Box 200

City, State & Zip: Garden City, UT 84028

E-mail Address: Diana.Christensen3@zionsbank.com

Owners Name: _____

Owners Location: _____

City, State & Zip: _____

Phone: _____

Cell Phone: _____

Kind of Business

Retail Lodging Restaurant

Professional Contractor Other

Briefly Describe Your Business: Federally chartered financial institution

Utah State Sales Tax Number: _____

Ut State Professional License No.: _____

Will you be installing a sign?: Yes No

This is an application for a business license; the actual license will be issued only when All inspections/Approvals are complete. Issuance of this business license shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, health, building, or fire regulations.

I, We, Diana L. Christensen hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business. I understand that I shall not begin nor cause to begin business at this location without first obtaining a business license and will not continue business without maintaining a valid license, in doing so, I will be subject to a penalty as stipulated by the Garden City Infraction Fee Schedule. Business License Fees are non-refundable.

Owners Signature: Diana L. Christensen **Date:** January 20th, 2024

Please print your name: Diana L. Christensen

Garden City Business License Application

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Business Status: New Business
(check all that apply) Additional Location # _____
 Name Change
 Ownership Change
 Location Change
 Transient Vendor
 Concessionaire Vendor

License Fee: Business License Fee 110.⁰⁰
Transient License Fee _____
Concessionaire Fee _____
Additional Location _____
Other _____
Beach Vendor License also requires a BCI background check

Official Use Only:
Planning Commission: Approved Not Approved Date: _____
Town Council: Approved Not Approved Date: _____
Inspections: Building Insp.: Initial Date: _____ Final
Fire Inspection: Initial Exempt Final

Please note this business will be Fire Insp. exempt unless modified 3/14/23

Zone: Commercial 1 2 3 Residential Beach Devel. Other _____

Business Name: Maldonado's Carpentry LLC
If name change, previous name: _____
Location Address: 235 W Snow Meadows Cir.
City, State & Zip: Garden City, UT 84028
Business Phone: _____
Cell Phone: (435)-265-8891
Mailing Address: _____
City, State & Zip: _____
E-mail Address: abril.maldonado20@yahoo.com
Owners Name: Abriel Maldonado
Owners Location: 235 W Snow Meadows Cir
City, State & Zip: Garden City, UT 84028
Phone: _____
Cell Phone: (435)-265-8891

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: Carpentry / Masonry
Utah State Sales Tax Number: N/A
Ut State Professional License No.: 13612244-5501
Will you be installing a sign?: Yes No

This is an application for a business license; the actual license will be issued only when All inspections/Approvals are complete. Issuance of this business license shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, health, building, or fire regulations.

I, We, Abriel Maldonado hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business. I understand that I shall not begin nor cause to begin business at this location without first obtaining a business license and will not continue business without maintaining a valid license, in doing so, I will be subject to a penalty as stipulated by the Garden City Infraction Fee Schedule. Business License Fees are non-refundable.

Owners Signature: Abriel Maldonado **Date:** 02-12-24
Please print your name: abriel maldonado

no approval

Temp Approval

*Pat
Martell*

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Ask Copilot

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 340 GREGON TRAIL DRIVE

Date of inspection: 04/08/24 *2/5/24*

Owner: WEBB

| Safety Inspections: | | Time limit to correct: |
|--------------------------|--------------------------|------------------------|
| Handrails/Guardrails | <input type="checkbox"/> | |
| Outdoor lights | <input type="checkbox"/> | |
| Water shut off | <input type="checkbox"/> | |
| Gas shut off | <input type="checkbox"/> | |
| Electrical outlet plates | <input type="checkbox"/> | |
| Check address on unit | <input type="checkbox"/> | |
| Other | | |

| Sleeping Room | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|--------------------------|--------------------------|--------------------------|-----------|----|----|----|----|----|-----|
| Sq. Ft. | 13 X 15 | 8 X 12 | 10 X 14 | | | | | | | |
| Exit Required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Window(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Smoke Detector | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Total Sq. Ft. | 195 | 96 | 140 | TOTAL 331 | | | | | | |

Total Occupancy allowed at this address: *12*, shall not include children under the age of three (3)

Minimum parking required at this address: *3* Total number of parking spots on Property: *3* All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signature: *[Signature]*
Inspector: *[Signature]*

Date: 02/05/24

Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party JACLYN WEBB Date 8/9/23

Address 340 W. GREGG TRAIL DR. Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail _____

Inspected by: [Signature] Title: CHIEF

Date: _____

Items that need to be corrected:

TC Approval

Temp Approval

Pat Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 150 Seasons #5

Date of inspection: June 28, 2022 - Didn't renew so doing the process again - nothing changed

Owner: Monica Fabre

| Safety Inspections: | Time limit to correct: | | | | | | | | | |
|--------------------------|------------------------|--|--|--|--|--|--|--|--|--|
| Handrails/Guardrails | Y | | | | | | | | | |
| Outdoor lights | Y | | | | | | | | | |
| Water shut off | Y | | | | | | | | | |
| Gas shut off | Y | | | | | | | | | |
| Electrical outlet plates | Y | | | | | | | | | |
| Check address on unit | Y | | | | | | | | | |
| Other: | | | | | | | | | | |

| | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|------------|-----------|-------------|--------------|----|----|----|----|----|-----|
| Sleeping Room | | | | | | | | | | |
| Sq Ft. | 14.5 x 9.5 | 13.5x 9.5 | 14.5 x 11.5 | | | | | | | |
| Exit Required | Y | Y | Y | | | | | | | |
| Window(s) | Y | Y | Y | | | | | | | |
| Smoke Detector | Y | Y | Y | | | | | | | |
| Total Sq. Ft. | 137.75 | 128.25 | 166.75 | Total 430.75 | | | | | | |

Total Occupancy allowed at this address: 8, shall not include children under the age of three (3).

Minimum parking required at this address: 3 Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: 
Inspector: _____

Date: June 28, 2022

Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party MMFH, LLC. Date 12/4/2023

Address 150 W. SEASONS LN. Suite/Apt# #5

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail

Inspected by: [Signature] Title: _____

Date: _____

Items that need to be corrected:

TC Approval

Temp Approval
Pat
Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 256 Seasons Lane _____

Date of inspection: May 18, 2022 _____

Owner: Audrey & Olga Kutuzov _____

| Safety Inspections: | Time limit to correct: | | | | | | | | | | |
|--------------------------|------------------------|--|--|--|--|--|--|--|--|--|--|
| Handrails/Guardrails | Y | | | | | | | | | | |
| Outdoor lights | Y | | | | | | | | | | |
| Water shut off | Y | | | | | | | | | | |
| Gas shut off | Y | | | | | | | | | | |
| Electrical outlet plates | Y | | | | | | | | | | |
| Check address on unit | Y | | | | | | | | | | |
| Other: | | | | | | | | | | | |

| | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|---------|----------|-----------|----------|-----------|----|----|----|----|-----|
| Sleeping Room | | | | | | | | | | |
| Sq Ft. | 13 x 10 | 11,5x 19 | 15.5 x 10 | 9.5 x 11 | | | | | | |
| Exit Required | Y | Y | Y | Y | | | | | | |
| Window(s) | Y | Y | Y | Y | | | | | | |
| Smoke Detector | Y | Y | Y | Y | | | | | | |
| Total Sq. Ft. | 135 | 218.5 | 155 | 104.5 | Total 613 | | | | | |

Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).

Minimum parking required at this address: 3 Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: Glen Gillies _____ Date: May 18, 2022 _____

Inspector: _____

Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party ANDREY KUTUZOV Date 12/4/2023

Address 256 W. SEASONS LN. Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail _____

Inspected by: [Signature] Title: _____

Date: [Signature]

Items that need to be corrected:

TC Approval

Temp Approval

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Pat Martell

Address: 326 Oregon Trail Drive ~~needs new fire~~

Date of inspection: June 20, 2022 ~~updated part of insurance~~

Owner: Sonya Smithing ~~Sales Tax Certificate~~

Emergency Contact: Andrew Haacke 801-628-2450

| Safety Inspections: | Time limit to correct: | | | | | | | | | | |
|--------------------------|------------------------|--|--|--|--|--|--|--|--|--|--|
| Handrails/Guardrails | Y | | | | | | | | | | |
| Outdoor lights | Y | | | | | | | | | | |
| Water shut off | Y | | | | | | | | | | |
| Gas shut off | Y | | | | | | | | | | |
| Electrical outlet plates | Y | | | | | | | | | | |
| Check address on unit | Y | | | | | | | | | | |
| Other: | | | | | | | | | | | |

| | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|---------|-------------|-----------|-----------|--------------|----|----|----|----|-----|
| Sleeping Room | | | | | | | | | | |
| Sq Ft. | 14 x 16 | 13.5 x 15.5 | 12.5 x 14 | 16.5 x 14 | | | | | | |
| Exit Required | Y | Y | Y | Y | | | | | | |
| Window(s) | Y | Y | Y | Y | | | | | | |
| Smoke Detector | Y | Y | Y | Y | | | | | | |
| Total Sq. Ft. | 224 | 209.25 | 175 | 231 | Total 839.25 | | | | | |

Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).

Minimum parking required at this address: 3 Total number of parking spots on Property. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:  Date: _____

Inspector: _____ Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party MANAGE IT BEAR LAKE Date 12-19-23

Address 326 OREGON TRAIL DR. Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail _____

Inspected by: [Signature] Title: _____

Date: _____

Items that need to be corrected:

TC Approval

Temp Inspection
Pat Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST


Address: Bear Lake Escapes #260
Date of inspection: March 22, 2022
Owner: Alan Christensen - Kristensen

| Safety Inspections: | Time limit to correct: | | | | | | | | | |
|---------------------------|------------------------|--|--|--|--|--|--|--|--|--|
| Handrails/Guardrails | Y | | | | | | | | | |
| Outdoor lights | Y | | | | | | | | | |
| Water shut off | Y | | | | | | | | | |
| Gas shut off | Y | | | | | | | | | |
| Electrical outlet plates | Y | | | | | | | | | |
| Check address on unit | Y | | | | | | | | | |
| Other: Elec.Panel Labeled | Y | | | | | | | | | |

| Sleeping Room | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|---------|---------|----------|-----------|-----------|----|----|----|----|-----|
| Sq Ft. | 12 x 11 | 16 x 13 | 15.5 x 9 | 11.5 x 11 | | | | | | |
| Exit Required | Y | Y | Y | Y | | | | | | |
| Window(s) | Y | Y | Y | Y | | | | | | |
| Smoke Detector | Y | Y | Y | Y | | | | | | |
| Total Sq. Ft. | 132 | 208 | 139.5 | 126.5 | Total 606 | | | | | |

Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).

Minimum parking required at this address: 3. Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: 
Inspector: _____

Date: March 22, 2022

Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party ALAN & LOIS KRISTENSEN Date 12/4/2023

Address 290 W. SEASONS LN. Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail _____

Inspected by: [Signature] Title: _____

Date: _____

Items that need to be corrected:

TC Approval

Temp Approval

Pat
Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST


Address: 538 Raspberry Patch
Date of inspection: December 14, 2023
Owner: Lets Get Away - Kirkham

| Safety Inspections: | Time limit to correct: | | | | | | | | | |
|--------------------------|------------------------|--|--|--|--|--|--|--|--|--|
| Handrails/Guardrails | y | | | | | | | | | |
| Outdoor lights | y | | | | | | | | | |
| Water shut off | y | | | | | | | | | |
| Gas shut off | y | | | | | | | | | |
| Electrical outlet plates | y | | | | | | | | | |
| Check address on unit | y | | | | | | | | | |
| Other: | | | | | | | | | | |

| | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|-----------|-----------|-----------|-------|-------|----|----|----|----|--------|
| Sleeping Room | | | | | | | | | | |
| Sq Ft. | 18.5x13.5 | 13.5x11.5 | 14.5x15.5 | 12x12 | 11x14 | | | | | |
| Exit Required | y | y | y | y | y | | | | | |
| Window(s) | y | y | y | y | y | | | | | |
| Smoke Detector | y | y | y | y | y | | | | | |
| Total Sq. Ft. | 249.75 | 155 | 224.75 | 144 | 154 | | | | | 927.75 |

Total Occupancy allowed at this address: 18, shall not include children under the age of three (3).

Minimum parking required at this address: 5 Total number of parking spots on Property 8. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:  Date: December 15, 2023
Inspector: _____
Owner/Property Manager: _____

-ETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party JEFF KIRKHAM Date 12/4/2023

Address 538 W. RASPBERRY PATCH RD Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail _____

Inspected by: [Signature] Title: _____

Date: [Signature]

Items that need to be corrected:

DSH#SWJ 017340
TC APPROVAL

Temp Approval
Pat Martell

289 E Oakridge Dr.
Elk Ridge, UT
84651

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 930 YACHT DRIVE # 3
Date of inspection: 06/06/2023
Owner: LISA BRADSHAW

Emergency Contact: Todd Stevens
Hrs Tax outlet in Garden City

| Safety Inspections: | | Time limit to correct: | | | | | | | | | |
|--------------------------|---|------------------------|--|--|--|--|--|--|--|--|--|
| Handrails/Guardrails | Y | | | | | | | | | | |
| Outdoor lights | Y | | | | | | | | | | |
| Water shut off | Y | | | | | | | | | | |
| Gas shut off | Y | | | | | | | | | | |
| Electrical outlet plates | Y | | | | | | | | | | |
| Check address on unit | Y | | | | | | | | | | |
| Other: | | | | | | | | | | | |

| | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|-----------|-----------|---------|---------|---------|--------------|----|----|----|-----|
| Sleeping Room | | | | | | | | | | |
| Sq Ft. | 16.5 X 14 | 14.5 X 13 | 20 X 15 | 13 X 20 | 14 X 16 | | | | | |
| Exit Required | Y | Y | Y | Y | Y | | | | | |
| Window(s) | Y | Y | Y | Y | Y | | | | | |
| Smoke Detector | Y | Y | Y | Y | Y | | | | | |
| Total Sq. Ft. | 231 | 188.5 | 300 | 260 | 224 | TOTAL 1203.5 | | | | |

Total Occupancy allowed at this address: ~~2~~ 17, shall not include children under the age of three (3).

Minimum parking required at this address: ~~3~~ 3 Total number of parking spots on Property ~~3~~ 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: GLEN GILLIES
Inspector: _____ Date: 06/06/2023
Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party BEAR LAKE LODGING Date 12/12/22

Address 930 YACHT DR #2 Suite/Apt# _____

Access

- Maintain fire lanes free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door).
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

Certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail _____

Inspected by: [Signature] Title: Chief

Date: _____

Items that need to be corrected:

TC Approval

Temp Approval

Pat Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 225 W Seasons Lane

Date of inspection: December 14, 2023

Owner: Lets Get Away - Roaring St Properties, LLC

| Safety Inspections: | | Time limit to correct: | | | | | | | | | |
|--------------------------|---|------------------------|--|--|--|--|--|--|--|--|--|
| Handrails/Guardrails | y | | | | | | | | | | |
| Outdoor lights | y | | | | | | | | | | |
| Water shut off | y | | | | | | | | | | |
| Gas shut off | y | | | | | | | | | | |
| Electrical outlet plates | y | | | | | | | | | | |
| Check address on unit | y | | | | | | | | | | |
| Other: | | | | | | | | | | | |

| | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|-------|---------|--------|----------|-------|----|----|----|----|-----|
| Sleeping Room | 10x10 | 19x12.5 | 9.5x10 | 15.5x9.5 | 11x10 | | | | | |
| Sq Ft. | | | | | | | | | | |
| Exit Required | y | y | y | y | y | | | | | |
| Window(s) | y | y | y | y | y | | | | | |
| Smoke Detector | y | y | y | y | y | | | | | |
| Total Sq. Ft. | 100 | 237.5 | 95 | 147.5 | 110 | | | | | 690 |

Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).

Minimum parking required at this address: 3 Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:  Date: December 15, 2023

Inspector: _____ Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party JOHN LEE PERLING Date 12/4/2023

Address 225 W. SEASONS LN. Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail _____

Inspected by: [Signature] Title: _____

Date: [Signature]

Items that need to be corrected:

TC Approval

Temp Approval

Pat

Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 533 BLUE LAKE ST
Date of inspection: 06/30/2023
Owner: ADAM HAACHE MANAGER - Michaelson Family Trust

| Safety Inspections: | Time limit to correct: | | | | | | | | | |
|--------------------------|------------------------|--|--|--|--|--|--|--|--|--|
| Handrails/Guardrails | Y | | | | | | | | | |
| Outdoor lights | Y | | | | | | | | | |
| Water shut off | Y | | | | | | | | | |
| Gas shut off | Y | | | | | | | | | |
| Electrical outlet plates | Y | | | | | | | | | |
| Check address on unit | Y | | | | | | | | | |
| Other: | | | | | | | | | | |

| Sleeping Room | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|-------------|------------|-----------|---------|-------------|----|----|----|----|-----|
| Sq Ft. | 11.5 x 13.5 | 12 X 102.5 | 12.5 x 16 | 19 x 24 | | | | | | |
| Exit Required | Y | Y | Y | Y | | | | | | |
| Window(s) | Y | Y | Y | Y | | | | | | |
| Smoke Detector | Y | Y | Y | Y | | | | | | |
| Total Sq. Ft. | 149.5 | 150 | 200 | 456 | Total 955.5 | | | | | |

Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).

Minimum parking required at this address: 3 Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: _____ Date: 06/17/2023
Inspector: _____

Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party MANAGE IT BEAR LAKE Date 12-19-23

Address 533 BLUE LAKE ST. Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen

(may be mounted behind closet or cabinet door with placard on door)

- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail _____

Inspected by: [Signature] Title: _____

Date: _____

Items that need to be corrected:



Temp Approval
Pat
Martell

TC Approval

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 227 W Seasons Lane
Date of inspection: December 14, 2023
Owner: Lets Get Away - Black Razzberry Properties, LLC

| Safety Inspections: | Time limit to correct: | | | | | | | | | | |
|--------------------------|------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----|
| Handrails/Guardrails | y | | | | | | | | | | |
| Outdoor lights | y | | | | | | | | | | |
| Water shut off | y | | | | | | | | | | |
| Gas shut off | y | | | | | | | | | | |
| Electrical outlet plates | y | | | | | | | | | | |
| Check address on unit | y | | | | | | | | | | |
| Other: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Sleeping Room | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | |
| Sq Ft. | 10x10 | 19x12.5 | 9.5x10 | 15.5x9.5 | 11x10 | | | | | | |
| Exit Required | y | y | y | y | y | | | | | | |
| Window(s) | y | y | y | y | y | | | | | | |
| Smoke Detector | y | y | y | y | y | | | | | | |
| Total Sq. Ft. | 100 | 237.5 | 95 | 147.5 | 110 | | | | | | 690 |

Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).
 Minimum parking required at this address: 3 Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.
 Signatures:  Date: December 15, 2023
 Inspector: 
 Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party CARSON BLACK Date 12/4/2023

Address 227 W. SEASONS LN, Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail

Inspected by: [Signature] Title: _____

Date: _____

Items that need to be corrected:

TC Approval

Temp Approval
Pat Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 234 W Seasons Lane

Date of inspection: December 14, 2023


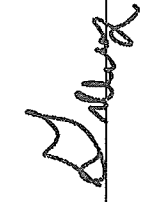
Owner: Lets Get Away - Nick & Katie Vadasz

| Safety Inspections: | Time limit to correct: | | | | | | | | | |
|--------------------------|------------------------|--|--|--|--|--|--|--|--|--|
| Handrails/Guardrails | y | | | | | | | | | |
| Outdoor lights | y | | | | | | | | | |
| Water shut off | y | | | | | | | | | |
| Gas shut off | y | | | | | | | | | |
| Electrical outlet plates | y | | | | | | | | | |
| Check address on unit | y | | | | | | | | | |
| Other: | | | | | | | | | | |

| Sleeping Room | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|-------|---------|--------|----------|-------|----|----|----|----|-----|
| Sq Ft. | 10x10 | 19x12.5 | 9.5x10 | 15.5x9.5 | 11x10 | | | | | |
| Exit Required | y | y | y | y | y | | | | | |
| Window(s) | y | y | y | y | y | | | | | |
| Smoke Detector | y | y | y | y | y | | | | | |
| Total Sq. Ft. | 100 | 237.5 | 95 | 147.5 | 110 | | | | | 690 |

Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).

Minimum parking required at this address: 3 Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:  

Date: December 15, 2023

Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party VADASZ Date 12/4/2023

Address 234 W. SEASONS LN. Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail _____

Inspected by: [Signature] Title: _____

Date: _____

Items that need to be corrected:

TC Approval

Temp Approval

Pat
Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

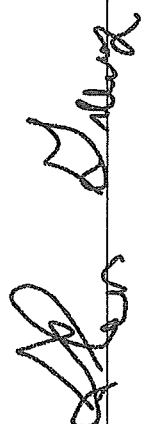
Address: 627 Lochwood Dr
Date of inspection: December 14, 2023
Owner: Lets Get Away - Big Rock Investments

| Safety Inspections: | | | | | | | | | | | Time limit to correct: |
|--------------------------|---|--|--|--|--|--|--|--|--|--|------------------------|
| Handrails/Guardrails | y | | | | | | | | | | |
| Outdoor lights | y | | | | | | | | | | |
| Water shut off | y | | | | | | | | | | |
| Gas shut off | y | | | | | | | | | | |
| Electrical outlet plates | y | | | | | | | | | | |
| Check address on unit | y | | | | | | | | | | |
| Other: | | | | | | | | | | | |

| Sleeping Room | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 |
|----------------|---------|---------|-----------|---------|---------|---------|-------|-------|----|---------|
| Sq Ft. | 19.5x18 | 12x12.5 | 12.5x13.5 | 12.5x14 | 10.5x10 | 15.5x11 | 12x10 | 18x18 | | |
| Exit Required | y | y | y | y | y | y | y | y | | |
| Window(s) | y | y | y | y | y | y | y | y | | |
| Smoke Detector | y | y | y | y | y | y | y | y | | |
| Total Sq. Ft. | 351 | 150 | 168.75 | 175 | 105 | 170.5 | 120 | 324 | | 1564.25 |

Total Occupancy allowed at this address: 16, shall not include children under the age of three (3).

Minimum parking required at this address: 4 Total number of parking spots on Property 4. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: 
Inspector: _____

Date: December 15, 2023

Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party BRUCE & STACIE DURBANO Date 12/4/2023

Address 627 N. LOCHWOOD DR. Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass Fail _____

Inspected by: [Signature] Title: _____

Date: _____

Items that need to be corrected:
