

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

Business Status: (check all that apply)	<input checked="" type="checkbox"/> New Business <input type="checkbox"/> Additional Location # ____ <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change <input type="checkbox"/> Transient Vendor <input type="checkbox"/> Concessionaire Vendor	License Fee:	Business License Fee Transient License Fee Concessionaire Fee Additional Location Other	110.00 pd 5-23-24
		Beach Vendor License also requires a BCI background check		

Official Use Only:

Planning Commission:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
Town Council:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
Inspections: Building Insp.:	<input type="checkbox"/> Initial Date: _____	<input type="checkbox"/> Final Date: _____	
Fire Inspection:	<input type="checkbox"/> Initial Date: _____	<input type="checkbox"/> Final Date: _____	
TC Fire Exemption Approval:	<input type="checkbox"/> Approved	Initial: _____	Date: _____

Comments:

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

Business Name: Bear Necessities cleaning
If name change, previous name: _____
Location Address: PO Box 99 Garden City ut 84028
City, State & Zip: _____
Business Phone: 801-600-5512
Cell Phone: _____
Mailing Address: PO Box 99 Garden City ut 84028
City, State & Zip: _____
E-mail Address: WendellLorie36@gmail.com
Owners Name: Lorie Wendel
Owners Location: 3084 Malibue Dr Garden city ut 84028
City, State & Zip: _____
Phone: _____
Cell Phone: 801-600-5512

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: cleaning houses and commercial
Utah State Sales Tax Number: _____
Ut State Professional License No. _____
Will you be installing a sign?: 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, Lorie A Wendel 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: Lorie A Wendel **Date:** 5/23/2024
Please print your name: Lorie A Wendel



Garden City Fire District

P.O. Box 248, Garden City, Utah

(435) 994-2460

gardencityfiredistrict@gmail.com

EXEMPTION FOR PERSONAL BUSINESS FIRE INSPECTION

After having been reviewed by the Garden City Fire District Fire Chief, it has been determined that the business belonging to LORIE WENDEL,

and doing business as BEAR NECESSITIES CLEANING, and located at PO Box 99, GARDEN CITY, is exempt from requiring an annual fire safety inspection due to little or no public access to the place of business, and the said address being a private residence that is not being used for public interaction, and not having employees other than the owner(s) of said business.

It may further be understood that the owner of said business has requested that they be exempted from the annual fire safety inspection and by signing this document do so of their own free will and hold Garden City Fire District and Garden City harmless in the event of a Fire/EMS related emergency that could have been avoided by an inspection by the Fire Chief or one of his authorized representatives.

Business owner:

Lorie Wendel

Date:

5-27-24

Fire District Chief:

[Signature]

Date:

5-27-24

Garden City Business License Application

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Business Status: <input checked="" type="checkbox"/> New Business (check all that apply) <input type="checkbox"/> Additional Location # ____ <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change <input type="checkbox"/> Transient Vendor <input type="checkbox"/> Concessionaire Vendor	License Fee: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Business License Fee</td> <td style="width: 40%; text-align: right;">\$110.00</td> </tr> <tr> <td>Transient License Fee</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Concessionaire Fee</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Additional Location</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">_____</td> </tr> </table> <p>Beach Vendor License also requires a BCI background check</p>	Business License Fee	\$110.00	Transient License Fee	_____	Concessionaire Fee	_____	Additional Location	_____	Other	_____
Business License Fee	\$110.00										
Transient License Fee	_____										
Concessionaire Fee	_____										
Additional Location	_____										
Other	_____										

Official Use Only:

Planning Commission:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
Town Council:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
Inspections: Building Insp.:	<input type="checkbox"/> Initial	Date: _____	<input type="checkbox"/> Final Date: _____
Fire Inspection:	<input type="checkbox"/> Initial	Date: _____	<input type="checkbox"/> Final Date: _____
TC Fire Exemption Approval:	<input type="checkbox"/> Approved		Initial: _____ Date: _____

Comments:

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

Business Name: Green Box Solar, LLC

If name change, previous name: _____

Location Address: 70 North 395 West Building 2

City, State & Zip: Garden City, UT 84028

Business Phone: 435-890-3570

Cell Phone: _____

Mailing Address: 981 S Main St #160

City, State & Zip: Logan, UT 84321

E-mail Address: _____

Owners Name: Andrew James Michener

Owners Location: 90 Canterbury Cir

City, State & Zip: Logan, UT 84321

Phone: (208) 420-9202

Cell Phone: _____

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: Full-service solar company specializing in retail sales and installation on residential and commercial properties.

Utah State Sales Tax Number: 14548966-002-STC

Ut State Professional License No. _____ 12164809-5501

Will you be installing a sign?:

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, Andrew James Michener, owner of Green Box Solar, LLC 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: [Signature] **Date:** 5/22/2024

Please print your name: Drew Michener

GARDEN CITY FIRE DISTRICT

P.O. BOX 248 145 WEST LOGAN ROAD

GARDEN CITY, UTAH 84028

PHONE/FAX (435) 946-3557

FIRE SAFETY INSPECTION REPORT

Business Name: GREEN BOX - SOLAR Inspection Date: 5-22-24

Business Address: 70 N. 395 W. Suite: #3 Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared
ACCESS-				
1	<input checked="" type="checkbox"/> 314 Maintain fire lane free of obstructions			/ /
2	<input checked="" type="checkbox"/> Provide address numbering which is visible from street			/ /
3	<input checked="" type="checkbox"/> Provide supra box for fire dept. access			/ /
EXITING				
4	<input checked="" type="checkbox"/> 514 Remove obstructions at exits, doors, aisles, corridors, stairways, etc.			/ /
5	<input checked="" type="checkbox"/> Exit door to open without a key or any special knowledge or effort			/ /
6	<input checked="" type="checkbox"/> Provide sign over main exit (doors)			/ /
7	<input checked="" type="checkbox"/> Repair non-operable exit door hardware			/ /
8	<input checked="" type="checkbox"/> Removed obstructions from door required to be closed			/ /
9	<input checked="" type="checkbox"/> Remove locks & latches from doors with panic hardware			/ /
10	<input checked="" type="checkbox"/> Remove storage from attic, under-floor and concealed spaces			/ /
11	<input checked="" type="checkbox"/> Provide/maintain exit sign/emergency lighting			/ /
FIRE EXTINGUISHERS				
12	<input checked="" type="checkbox"/> 514 Have fire extinguisher serviced and tagged			/ /
13	<input checked="" type="checkbox"/> Provide/mount fire extinguisher as indicated			/ /
14	<input checked="" type="checkbox"/> Provide clear access to fire extinguisher			/ /
15	<input checked="" type="checkbox"/> Post a sign indicating fire extinguisher location			/ /
16	<input checked="" type="checkbox"/> Maintain 3 foot clearances for access/use of fire appliances/equipment			/ /
FIRE PROTECTION SYSTEMS				
17	<input checked="" type="checkbox"/> Secure all system control valves in the open position			
18	<input checked="" type="checkbox"/> Replace damaged, corroded or painted sprinkler heads/ Fire department connection (FDC) caps			
19	<input checked="" type="checkbox"/> Provide annual certification for sprinkler/standpipe system			
20	<input checked="" type="checkbox"/> Provide sprinkler coverage in unprotected areas	1 st	/ /	
21	<input checked="" type="checkbox"/> Provide spare sprinkler heads and/or compatible wrench	2 nd	/ /	
22	<input checked="" type="checkbox"/> Hood and duct extinguishing system to be serviced and tagged			
23	<input checked="" type="checkbox"/> Remove grease from hood, duct and filters (keep clean)			
FIRE ALARM SYSTEMS				
24	<input checked="" type="checkbox"/> 514 Maintain, repair, inspect, and/or test fire alarm system			
FIRE SEPARATIONS				
25	<input checked="" type="checkbox"/> Repair holes in required fire resistive construction			
26	<input checked="" type="checkbox"/> Provide/repair self or automatic closing fire rated assemblies			
ELECTRICAL				
27	<input checked="" type="checkbox"/> Discontinue use of extension cords			
28	<input checked="" type="checkbox"/> Install permanent wiring for fixed or stationary appliance			
29	<input checked="" type="checkbox"/> Provide cover plates for all junction boxes			
30	<input checked="" type="checkbox"/> Remove exposed wiring or protect in approved conduit			
31	<input checked="" type="checkbox"/> Provide a clear work space at all electrical panels (30" in width, 36" in depth and 78" in height) Remove exposed wiring or protect in approved conduit			
32	<input checked="" type="checkbox"/> Labeling electrical rooms and breaker			
FLAMMABLE LIQUIDS - COMPRESSED GASES				
33	<input checked="" type="checkbox"/> Provide flammable liquid storage cabinet or reduce storage			
34	<input checked="" type="checkbox"/> Remove all fueled vehicles or equipment from buildings			
35	<input checked="" type="checkbox"/> Secure compressed gas cylinders			
STORAGE - HOUSEKEEPING				
36	<input checked="" type="checkbox"/> Arrange storage in an orderly manner to provide access/egress			
37	<input checked="" type="checkbox"/> Remove combustible storage from boiler, mechanical, or electrical rooms			
38	<input checked="" type="checkbox"/> Reduce storage to 24" below ceiling or 18" from sprinkler heads			
39	<input checked="" type="checkbox"/> Provide approved metal container from oily rag storage			
40	<input checked="" type="checkbox"/> Remove waste & rubbish material from the premises daily			
41	<input checked="" type="checkbox"/> Keep dumpster 5' away from buildings			
42	<input checked="" type="checkbox"/> Clearance from ignition sources			
OTHER MISCELLANEOUS				
43	<input checked="" type="checkbox"/> 514 Other violations and comments			
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE				

PASSED

Re-inspection dates	Inspector
1 st / /	
2 nd / /	
Refer to FPB / /	
3 rd / /	
Hearing / /	
District attorney / /	
Final clearance / /	

You are hereby notified to correct all violations immediately or show cause why you should not be required to re-inspection will be conducted after _____ days from the date of this notice. Willful failure to comply with this notice is a misdemeanor. Violations which are not corrected immediately and or remain after the re-inspection may be processed as a criminal offense. Thank you for your assistance and cooperation in minimizing the fire and life loss in your community.

BY ORDER OF THE FIRE CHIEF

SIGNATURE OF RECIPIENT: _____

Owner _____ manager _____ employee _____ other _____

Inspecting Officer: [Signature]
FPB _____ COMPANY _____ Shift _____ Page _____ of _____

DISTRIBUTION: WHITE TO FPB YELLOW TO OWNER/OCCUPANT PINK TO OWNER WITH FINAL CLEARANCE

Garden City Business License Application

Pat Martell X

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

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 110.00 pd

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: _____

TC Fire Exemption Approval: Approved Initial: _____ Date: _____

Comments: _____

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

Business Name: 3H Paving

If name change, previous name: _____

Location Address: 60 South Paradise Parkway

City, State & Zip: Garden City, UT 84028

Business Phone: 435-310-4694

Cell Phone: _____

Mailing Address: P.O. Box 399

City, State & Zip: Garden City, UT 84028

E-mail Address: lincoln@3hpaving.com

Owners Name: Lincoln Huefner *Reagan Huefner* *Bryce Huefner*

Owners Location: 60 South Paradise *274 W Seasons Ln* *60 South Paradise Pkwy*

City, State & Zip: Garden City, UT 84028 *Garden City, UT, 84028*

Phone: _____

Cell Phone: 435-310-4694

Kind of Business

Retail Lodging Restaurant

Professional Contractor Other

Briefly Describe Your Business: Asphalt Paving

Utah State Sales Tax Number: _____

Ut State Professional License No.

Will you be installing a sign?:

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, Bryce Huefner 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: *Bryce Huefner* *Reagan Huefner* Date: 4-18-24

Please print your name: Bryce Huefner

Temp Approval

Pat ✓
Martell ✓

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

528-24

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 Date: _____
Fire Inspection: Initial Date: _____ Final Date: _____
TC Fire Exemption Approval: Approved Initial: _____ Date: _____

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

Business Name: Wu House
If name change, previous name: None
Location Address: 105 W. Logan Rd Unit #3
 City, State & Zip: Garden City UT 84028
Business Phone: 208-775-0800
Cell Phone: 208-317-4359
Mailing Address: 820 Webster St.
 City, State & Zip: Montpelier, ID 83254
E-mail Address: wuhouse2023@gmail.com
Owners Name: Shane Johnson
Owners Location: Bear Lake
 City, State & Zip: Montpelier, ID 83254
Phone: 208-317-4359
Cell Phone: Same

Kind of Business Retail Lodging Restaurant / Food Truck
 Professional Contractor Other

Briefly Describe Your Business: Chicago Food from food truck

Utah State Sales Tax Number: 16040540-003-STC

Ut State Professional License No.
Will you be installing a sign?: 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, Wu House 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 penalty as stipulated by the Garden City Infraction Fee Schedule. Business License Fees are non-refundable.

Owners Signature: [Signature] Date: 5/21/24
Please print your name: Shane Johnson

TC Approval

Temp Approval

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Pact
martell

Address: 763 SOUTH EUTAW ROAD

Date of inspection: 10/30/2023

Owner: SHANE KWANT

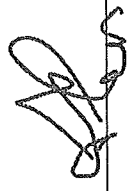
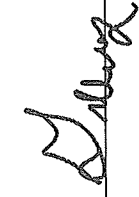
Taxes Paid thru Airbnb

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.	14 X 14	24 X 14	11 X 12	11 X 12	19 X 14	11.5 X 11	10 X 11	10 X 11		
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.	210	336	132	132	266	126.5	110	110		TOTAL 1422.5

Total Occupancy allowed at this address: 24, shall not include children under the age of three (3).

Minimum parking required at this address: 6 Total number of parking spots on Property 7. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: 
Inspector: 

Date: 11/17/2023

Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party SHANE KWANT Date 11/16/23

Address 763 S. EUTAW 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: CHIEF

Date: _____

Items that need to be corrected:

Temp Approval
Pat Martell

TC Approval

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 929 HARBOR VILLAGE # 214
Date of inspection: 08/25/2023
Owner: RYAN MALAVOLTA

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.	10 X 11.5	10 X 13								
Exit Required	Y	Y								
Window(s)	Y	Y								
Smoke Detector	Y	Y								
Total Sq. Ft.	115	130	TOTAL 245							

Total Occupancy allowed at this address: 4, shall not include children under the age of three (3).

Minimum parking required at this address: 1 Total number of parking spots on Property 1. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: [Signature] Date: 08/25/2023
 Inspector: [Signature]
 Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party RYAN MALAVOLTA Date 7-25-23

Address 929 N. HARBOR VILLAGE EAST 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:

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

12/14/23
Pact
 Mayor

Address: 278 W Seasons Lane
Date of inspection: December 14, 2023
Owner: Lets Get Away - Coburn 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: 13, 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: [Signature] Date: December 15, 2023
 Inspector: [Signature]
 Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party MATT & ANDREA COBURN Date 12/4/2023

Address 278 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:

Temp Approval
Pat
Mayor

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 223 W Seasons Lane
Date of inspection: December 14, 2023
Owner: Lets Get Away - Flanders

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.	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: [Signature] Date: December 15, 2023
 Inspector: [Signature]
 Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party CHANTAL & BRYAN FLANDERS Date 12/4/2023

Address 223 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:

Temp Approval
Pat
Mayer

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 378 W WYSTERIA _____
Date of inspection: 1/23/24 _____
Owner: HADFIELD (TYLER HUNTER) _____
Driveway marked

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:	GARAGE 20 X 20, DRIVWAY 27 L X 24 W & 12 X 90 PAD ON SIDE OF HOUSE									

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room										
Sq Ft.	12 X 12	17 X 14	18 X 11	12 X 12	12 X 12	26 X 21				
Exit Required	Y	Y	Y	Y	Y	Y				
Window(s)	Y	Y	Y	Y	Y	Y				
Smoke Detector	Y	Y	Y	Y	Y	Y				
Total Sq. Ft.	144	212	198	144	144	546	TOTAL 1414			

Total Occupancy allowed at this address: 28 _____, shall not include children under the age of three (3).
 Minimum parking required at this address: 7 _____ Total number of parking spots on Property 7 _____ All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.
 Signatures: Glen Gillies _____ Date: 1/23/24
 Inspector: _____
 Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party TYLER HUNTER Date 3/13/24

Address 378 W. WYSTOLIA 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:

Temp Approval
Pat
Mayson

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST


Address: 695 N Cambry Dr
Date of inspection: 09/11/2023
Owner: Brandon Maughan

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	12 X 13	10 X 10	16.5 X 15	10 X 13	15 X 20	11 X 13	15 X 20			
Sq Ft.	Y	Y	Y	Y	Y	Y	Y			
Exit Required	Y	Y	Y	Y	Y	Y	Y			
Window(s)	Y	Y	Y	Y	Y	Y	Y			
Smoke Detector	156	100	247.5	130	300	143	300	Total 1219.50		

Total Occupancy allowed at this address: 24, shall not include children under the age of three (3).

Minimum parking required at this address: 8 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: _____
 Inspector: _____
 Owner/Property Manager: _____

VILLAGE - HARBOR - CAMBRY #2

Short Term Rental Inspection Form

Owner/responsible party KIP EGAN Date 2-29-24

Address 695 N. CAMBRY 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:

Temp Approval
Part
Mayor

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 110 W Seasons Lane Unit D
Date of inspection: December 14, 2023
Owner: Lets Get Away - O'Reilly

Safety Inspections:		Time limit to correct:									
		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Handrails/Guardrails	y										
Outdoor lights	y										
Water shut off	y										
Gas shut off	y										
Electrical outlet plates	y										
Check address on unit	y										
Other:		Main entrance needs repairs									
Sleeping Room											
Sq Ft.	12.5x14.5	16.5x13	18x16.5								
Exit Required	y	y	y								
Window(s)	y	y	y								
Smoke Detector	y	y	y								
Total Sq. Ft.	181.25	214.5	297								692.75

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: [Signature] Date: December 15, 2023
 Inspector: [Signature]
 Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

BR106ER

Short Term Rental Inspection Form

Owner/responsible party CURTIS & DENISE O'REILLY Date 12/4/2023

Address 110 W. SEASONS LN. Suite/Apt# (UNIT D)

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:

10/31/23
 Post
 Mason

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 180 S Bearlake Blvd (Papa Bear Lodge) PAGE 1

Date of inspection: October 31, 2023

Owner: Bear Lake Luxury Rentals - Stephen Jensen & Casey Lewis


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	15x15.5	9.5x12	10.5x12	14x14	10x10.5	16x12	17x9.5	14x15.5	15x13	12x11
Sq Ft.										
Exit Required	y	y	y	y	y	y	y	y	y	y
Window(s)	y	y	y	y	y	y	y	y	y	y
Smoke Detector	y	y	y	y	y	y	y	y	y	y
Total Sq. Ft.	232.5	114	126	196	105	192	161.5	217	195	132

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

Total number of parking spots on Property _____ All vehicles include

Minimum parking required at this address: _____ trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: _____ Date: _____
 Inspector:  _____



Owner/Property Manager: _____

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 180 S Bearlake Blvd (Papa Bear Lodge) PAGE 2
Date of inspection: October 31, 2023
Owner: Bear Lake Luxury Rentals

Safety Inspections:		Time limit to correct:									
Handrails/Guardrails											
Outdoor lights											
Water shut off											
Gas shut off											
Electrical outlet plates											
Check address on unit											
Other:	Temporary Occupancy application must be filled out and returned with application										

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room	15x14	25x17	13x15.5	15x13	11.5x12	15x14				
Sq Ft.										
Exit Required										
Window(s)										
Smoke Detector										
Total Sq. Ft.	210	425	201.5	195	138	210				3,050.5

Total Occupancy allowed at this address: 30, shall not include children under the age of three (3).
 Minimum parking required at this address: Temporary 8 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: November 6, 2023
 Inspector: 
 Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party BEAR LOVE LUXURY RENTALS Date 11/14/23

Address 180 S BL BLVD Suite/Apt# _____

Access PAPA BEAR LODGE 6313

- 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: JOSEPH SHARKEY Title: FF2

Date: 11/14/23

Items that need to be corrected:

Temp Approval
 Part
 Mayor

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 254 SEASONS LANE _____

Date of inspection: 1/22/24 _____

Owner: TERRI @ VACASSA _____

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.	9 X 16	10 X 10	18 X 12	10 X 15	10 X 10					
Exit Required	Y	Y	Y	Y	Y					
Window(s)	Y	Y	Y	Y	Y					
Smoke Detector	Y	Y	Y	Y	Y					
Total Sq. Ft.	151	100	198	150	100	TOTAL 699				

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: _____
 Inspector: _____
 Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party RICHARD FARNSWORTH Date 12/9/2023

Address 254 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 gases 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: 12/9/2023

Items that need to be corrected:

Temp Approval
 Part Mayor


SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 336 Rendezvous
Date of inspection: March 20, 2024
Owner: Bear Lake Lodging - Frandsen Driveway has been marked - sent Email

Safety Inspections:		Time limit to correct:									
		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
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											
Sq Ft.	11x10.5	15x12.5	10x10	9.5x13	10.5x13	26x15					
Exit Required	y	y	y	y	y	y					
Window(s)	y	y	y	y	y	y					
Smoke Detector	y	y	y	y	y	y					
Total Sq. Ft.	115.5	187.5	100	123.5	136.5	390					1053

Total Occupancy allowed at this address: 20, shall not include children under the age of three (3).

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

Signatures:  Date: March 20, 2024
 Inspector: _____
 Owner/Property Manager: _____



Business Center (/business-center/) Admin (/admin/)

- Admin Dashboard (/admin/)
- Businesses (/admin/businesses) 2 (/admin/business/?mode=filter_businessstatus&hirenusectaticid=1)
- Workflows (/admin/workflows)
- Tasks (/admin/business-tasks)
- Forms (/admin/business-forms)
- Fees (/admin/business-fees)
- Approvals (/admin/business-approvals) 138 (/admin/business-approvals/?mode=filter_approved)
- Licenses (/admin/licenses)
- Transactions (/admin/transactions)
- Batch Processing (/admin/batch-processing)
- Reconciliations (/admin/reconciliations)
- Admin Tools (/admin/admin-tools)
- Notifications (/admin/notifications)
- Media Library (/admin/media-library)
- Users (/admin/users)
- Reports (/admin/reports)
- Accrual Based Reports (/admin/accrual-based-reports)
- My Reports Menu (/admin/my-reports-menu)
- Business Audits (/admin/business-audits)
- Events (/admin/events)

- Log Out (/logout)
- Advanced Menu (open document?id=7&businessTaskId=10398&...)
- Site Configuration
- Support Procedures (/support-procedures)
- Static Data

Details Activity Log Audit Log (1)

Short Term Rental Inspection Form

Owner/responsible party BRUCE FRANDSON Date 3/25/24

Address 336 RENOBOUVOUS WAY 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 hall 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 gases in the utility/furnace room or closet. Free access to furnace/boiler

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
 Mayor

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 411 Overview _____
Date of inspection: Jan 5, 2024 _____
Owner: Doug Burton _____

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.	13.5x11.5	14.5x14.5	23x8.5	16x19	12x13.5	12.5x12.5				
Exit Required										
Window(s)										
Smoke Detector										
Total Sq. Ft.	155.25	210.25	195.5	304	162	156.25				1183.25

Total Occupancy allowed at this address: 20 _____, shall not include children under the age of three (3).

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

Signatures: [Signature] _____ Date: Jan. 7 2024
 Inspector: [Signature] _____
 Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party DOUG BURTON Date 1-4-24

Address 411 W. OVERVIEW 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:

Temp Approval
Pat
 Mayor

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 257 W Seasons Lane

Date of inspection: February 10, 2022

Owner: Jamie Alderete

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 13	11 x 12	12 x 14	12 x 11						
Exit Required	Y	Y	Y	Y						
Window(s)	Y	Y	Y	Y						
Smoke Detector	Y	Y	Y	Y						
Total Sq. Ft.	182	132	168	132	Total 614					

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: February 10, 2022

Owner/Property Manager: _____

LET'S GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party: JAMIE ALDRETT Date: 12/4/2023

Address: 257 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 Fall

Inspected by: _____
Date: _____
Title: _____

Items that need to be corrected:

Temp Approval
Past Mayor

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 237 W Seasons Lane
Date of inspection: December 14, 2023
Owner: Lets Get Away - Hallmark 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					
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: [Signature] Date: December 15, 2023
 Inspector: [Signature]
 Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party MARK & HOLLY GRUBER Date 12/4/2023

Address 237 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:

Temp Approval
Pat
 Mayor

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 232 W Seasons Lane
Date of inspection: December 14, 2023
Owner: Lets Get Away - Stanger's Greenhouse

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.	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: [Signature] Date: December 15, 2023
 Inspector: [Signature]
 Owner/Property Manager: _____

LETS GET AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party CARA STRANGER Date 12/4/2023

Address 232 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:


Temp Approval
Mayer
Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 949 BOOSWAY _____
Date of inspection: 11/6/2023 _____
Owner: JULIE DOTTSON _____

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:	Parking needs to be marked by ^{July} 31st									

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room Sq Ft.	13.5 X 11	10.5 X 10	14 X 14	20 X 26	10.5 X 11.5	11 X 12	13 X 11	16 X 11.5	23 X 38.5	
Exit Required	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Window(s)	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Smoke Detector	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Total Sq. Ft.	148.5	105	196	520	120.75	132	143	184	962.5	OTAL 2511.7

Total Occupancy allowed at this address: 50, shall not include children under the age of three (3).
 Minimum parking required at this address: 13 Total number of parking spots on Property 15. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.
 Signatures:  Date: 11/6/2023
 Inspector: _____
 Owner/Property Manager: _____

ROBERTA & BOB ROBERTS

Short Term Rental Inspection Form

Owner/responsible party: BEN LACE PROPERTIES Date: 11/16/23

Address: 949 S BOOSEY Suite/Apt#: 7181

Access: THE HIDEOUT

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

Moved to counter top

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.

Inspected by: JOSEPH SHARKEY Title: FTW

Date: 11/16/23

Items that need to be corrected:

Temp Approval
 Pat
 Mayor
 Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST



Address: 582 Cedar (Silo)
Date of inspection: October 31, 2023
Owner: Bear Lake Luxury Rentals - Seavie Brothers

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:	Parking marked by July 31st									

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room										
Sq Ft.	14x16.5	16.5x14	21x14	18x14.5	23x18.5	29x23	23x18.5			
Exit Required	y	y	y	y	y	y	y			
Window(s)	y	y	y	y	y	y	y			
Smoke Detector	y	y	y	y	y	y	y			
Total Sq. Ft.	231	231	294	261	425.5	667	425.5			2535

Total Occupancy allowed at this address: 30, shall not include children under the age of three (3).

Minimum parking required at this address: 8 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: November 6, 2023
 Inspector: 
 Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party: BEAR LAKE LUXURY RENTALS Date: 11/14/23

Address: 582 CEDAR DR

Suite/Apt#: _____

Access: Silo

6313

- 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) PLACARD MISSING

- 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: Joseph Sharkley

Title: FF 2

Date: _____

Items that need to be corrected:

PLACARD

Short Term Rental Inspection Form

Owner/responsible party: BOB & LAUREY BOWMAN Date: 11/14/23

Address: 6 W 297 250 S Suite/Apt: 6313

Access: MAIN STREET MAJOR

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) **PLEASE MPD**

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 gases 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: Fall

Title: FR2

Inspected by: JOSEPH STARKLEY

Date: _____

Items that need to be corrected: _____

Temp Approval
Pat

Mayor
Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 689 CAMBRY _____
Date of inspection: 03/12/2024 _____
Owner: PRIME PROPERTIES _____

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:		PARKING 10 X 150 & 33 X 45									

Parking marked by July 31st

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room										
Sq Ft.	11 X 12	15 X 21	13 X 9	10 X 10	12 X 12	13 X 9	14 X 14			
Exit Required	Y	Y	Y	Y	Y	Y	Y			
Window(s)	Y	Y	Y	Y	Y	Y	Y			
Smoke Detector	Y	Y	Y	Y	Y	Y	Y			
Total Sq. Ft.	132	315	121	100	144	121	168	TOTAL	1101	

Total Occupancy allowed at this address: 22, shall not include children under the age of three (3).
 Minimum parking required at this address: 6 Total number of parking spots on Property 9. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: _____ Date: 03/12/2024
 Inspector: [Signature]
 Owner/Property Manager: _____

VILLAGE - HARBOR - CAMBRY #1

Short Term Rental Inspection Form

Owner/responsible party KIP EGAN Date 2-29-24

Address 689 N. CAMBRY 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:

Temp Approval

Pat
Maya
Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: Harbor Village 112

Date of inspection: January 10, 2024

Owner: Todd Stevens - CMNStofferSen insurance is w/ Inn Condos
Taxes are remitted to GC

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.	13.5x10.5	10x10								
Exit Required	y	y								
Window(s)	y	y								
Smoke Detector	y	y								
Total Sq. Ft.	141.75	100								

Total Occupancy allowed at this address: 4, shall not include children under the age of three (3).

Minimum parking required at this address: 1 Total number of parking spots on Property 1. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: [Signature]
Inspector: [Signature]

Date: January 11, 2024

Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party KURT & ANGELA CHRISTOFFERSON Date 2-2-24

Address 865 N. HARBOR VILLAGE EAST DR. Suite/Apt# #112

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
 Maysor
 Martell



SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 300 S 100 W (PAGE #1)
Date of inspection: 03/12/2024
Owner: PRIME PROPERTIES - Stewart

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:		PARKING MUST BE ASPHALT OR CONCRETE PLEASE SIGN AND RETURNED AGREEMENT									
		Needs asphalt - concrete + marked July 31st									
Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	
Sq Ft.	14 X 17	14 X 17	22 X 20	12 X 21	12 X 8	16 X 17	17 X 18	15 X 25	17 X 17	11 X 18	
Exit Required	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Window(s)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Smoke Detector	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Total Sq. Ft.	238	238	440	252	96	272	300	191	289	342	

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

Minimum parking required at this address: 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: 
 Inspector: 
 Date: 03/12/2024
 Owner/Property Manager: _____

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST



Address: 300 S 100 W (PAGE #2)
Date of inspection: 03/12/2024
Owner: PRIME PROPERTIES

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:	PLEASE SIGN AND RETURN PARKING AGREEMENT									

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room										
Sq Ft.	19 X 18	19 X 18	25 X 12	14 X 18	14 X 13	12 X 18				
Exit Required	Y	Y	Y	Y	Y	Y				
Window(s)	Y	Y	Y	Y	Y	Y				
Smoke Detector	Y	Y	Y	Y	Y	Y				
Total Sq. Ft.	342	342	290	252	182	216	TOTAL 4150			

Total Occupancy allowed at this address: 83, shall not include children under the age of three (3).

Minimum parking required at this address: 21 Total number of parking spots on Property 50. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:  Date: 03/12/2024
 Inspector: 
 Owner/Property Manager: _____

FARM HOUSE - BARN - SILO

Short Term Rental Inspection Form

Owner/responsible party KIP EGAN Date 2-29-24

Address 300 S. 100 W. 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
 maysen
 martel

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 55 W BUTTERCUP LANE #32
Date of inspection: 02/27/2024
Owner: "CHUCK" - Pearce

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.	12 X 9	12 X 12	12 X 11	10 X 10	10 X 8					
Exit Required	Y	Y	Y	Y	Y					
Window(s)	Y	Y	Y	Y	Y					
Smoke Detector	Y	Y	Y	Y	Y					
Total Sq. Ft.	111	144	131	100	80	TOTAL566				

Total Occupancy allowed at this address: 11, 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
 Inspector: _____
 Date: 02/27/2024
 Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party BL Cozy Date _____

Address 65 W BUTTERCUP LANE Suite/Apt# # 32

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: JOSEPH SHARKEY Title: FF2

Date: 12/12/23

Items that need to be corrected:

Temp Approval
 Pat
 mayser
 Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 314 Oregon Trail Drive _____

Date of inspection: 01/01/24 _____

Owner: ANDREW HAACHE - Thornock _____

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:	Parking Needs Marked										

Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
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 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.



Date: 01/01/24

Signatures: _____
 Inspector: _____

Owner/Property Manager: _____

Short Term Rental Inspection Form

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

Address 314 GREGON 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:

Temp Hygiene
Pat
Mayer

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST



Address: 279 W SEASONS
Date of inspection: 03/18/2024
Owner: VACASSA (management) - ~~Bob~~ Ehrhart

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.	10 X 14	10 X 15	11 X 12	15 X 12						
Exit Required	Y	Y	Y	Y						
Window(s)	Y	Y	Y	Y						
Smoke Detector	Y	Y	Y	Y						
Total Sq. Ft.	140	150	121	180	TOTAL 602					

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: 03/18/2024
 Inspector: 
 Owner/Property Manager: _____

VACASA

Short Term Rental Inspection Form

Owner/responsible party TRAVIS BARHART Date 3/25/24

Address 279 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: CHIEF

Date: _____

Items that need to be corrected:

Temp approval




Pat
Mayer
Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 1535 S BEAR LAKE BLVD
 Date of inspection: 01/15/2024
 Owner: CHRISTIANSEN

		PLEASE SIGN AND RETURN TEMP PARKING APPLICATION										Time limit to correct:
		Parking Needs to be re-inspected July 31st										
		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	24
Safety Inspections:												
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 Sq Ft.	12 X 14	13 X 11.5	13 X 11.5	12 X 13	12.5 X 16.5	17 X 15	13.5 X 12.5					
Exit Required	Y	Y	Y	Y	Y	Y	Y					
Window(s)	Y	Y	Y	Y	Y	Y	Y					
Smoke Detector	Y	Y	Y	Y	Y	Y	Y					
Total Sq. Ft.	166	149.5	149.5	156	206.25	255	168.75	TOTAL	1253			

Total Occupancy allowed at this address: 24, shall not include children under the age of three (3).
 Minimum parking required at this address: 6. Total number of parking spots on Property 6. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:  Date: 01/15/2024
 Inspector:  01-16-2024
 Owner/Property Manager: 

Short Term Rental Inspection Form

Owner/responsible party SUNSUK CHRISTIANSEN Date 3-11-24
Address 1595 S. BAR LANE BLVD 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 gases 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: _____
Date: _____
Title: _____

Items that need to be corrected: _____

Temp Approval
Pat
Morgan
Martell

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 525 DEE DRIVE _____
Date of inspection: 01/10/2024 _____
Owner: Andrew Haacke - Gertlach _____

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:	Parking marked by July 31st									

Sleeping Room Sq Ft.	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
14 X 17	11 X 11	15 X 15.5	11 X 11	13.5 X 14.5	14 X 12.5	10 X 10				
Exit Required	Y	Y	Y	Y	Y	Y	Y			
Window(s)	Y	Y	Y	Y	Y	Y	Y			
Smoke Detector	Y	Y	Y	Y	Y	Y	Y			
Total Sq. Ft.	238	121	232.5	121	195.75	175	100	TOTAL 1205.2		

Total Occupancy allowed at this address: 24, shall not include children under the age of three (3).

Minimum parking required at this address: 6 Total number of parking spots on Property 6. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: GLEN GILLIES _____
 Inspector: _____
 Owner/Property Manager: _____
 Date: 01/10/2024
 March 13, 2024

Short Term Rental Inspection Form

Owner/responsible party ANDREW HACKE Date 3/6/24

Address 525 DIFE 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: [Signature]

Items that need to be corrected:

Temp Approval
Post
Mayor

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 600 Stump Hollow _____
Date of inspection: October 31, 2023 _____
Owner: Bear Lake Luxury Rentals - Brandt + Anantel Larsen _____

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:	Temporary Occupancy application must be filled out and returned with application.									

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room										
Sq Ft.	14x12.5	15.5x19	13x17	22x25	18x12	14x10.5	19x13.5			
Exit Required	y	y	y	y	y	y	y			
Window(s)	y	y	y	y	y	y	y			
Smoke Detector	y	y	y	y	y	y	y			
Total Sq. Ft.	175	294.5	221	550	216	147	256.5			1860

Total Occupancy allowed at this address: 30, shall not include children under the age of three (3).

Minimum parking required at this address: 8 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: [Signature] Date: November 6, 2023
 Inspector: [Signature]
 Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party BARK LAKE LUXURY RETAILS

Date 11/14/23

Address 600 SO STUMP HOLLOW

Suite/Apt#

Access HARMONY off of BOTT CAMP

6164

- 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) PLACARD
- 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 JOSEPH STARILEY

Title: FF2

Date: _____

Items that need to be corrected:

PLACARD

Temp Approval
 Pat
 Mayor

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 435 SPRUCE CIRCLE
Date of inspection: 11/06/2023
Owner: JOYCE MCCROWN

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											
Other:	ORDENINCES HAVE CHANGED, ALL PARKING MUST BE EITHER CONCRETE OR ASPH/ A TEMP OCC AGREEMENT										

IS ATTACHED											
Sleeping Rooms	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	
Sq Ft.	9.5 X 12	13.5 X 16.5	9.5 X 13	9.5 X 12.5	13.5 X 12.5	27 X 12	12 X 14				
Exit Required	Y	Y	Y	Y	Y	Y	Y				
Window(s)	Y	Y	Y	Y	Y	Y	Y				
Smoke Detector	Y	Y	Y	Y	Y	Y	Y				
Total Sq. Ft.	114	222.5	123.5	118.5	168.75	324	168	168	OTAL 1239.2		

Total Occupancy allowed at this address: 24, shall not include children under the age of three (3).
 Minimum parking required at this address: 6 Total number of parking spots on Property 6. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.
 Signatures: [Signature] Date: 11/17/2023
 Inspector: [Signature]
 Owner/Property Manager: Joyce McCrown 11-22-2023

YOUNG BLK RIDGE LODGE Short Term Rental Inspection Form

Owner/responsible party Joyce McGowan Date 11/16/23

Address A35 SPRUCE CIR. 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:

