

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

Approved 10/1 month trial on gas chainsaws. then review next month.

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 100.00
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: _____

Comments:

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

Business Name: Bike Bear Lake LLC

If name change, previous name: _____

Location Address: 70 W. Logan Rd #10

City, State & Zip: Garden City, UT 84028

Business Phone: 208-241-7074

Cell Phone: Same

Mailing Address: P.O. Box 311

City, State & Zip: Paris, ID 83261

E-mail Address: lucine86@gmail.com

Owners Name: Kirk Topham

Owners Location: 757 N Main

City, State & Zip: Paris, ID 83261

Phone: 208-241-7074

Cell Phone: Same

Kind of Business ☒ Retail ☐ L
☐ Professional ☐ C

Briefly Describe Your Business:

BUSINESS:

RENTAL OF BICYCLES INCLUDING
E-BIKES, CARE AND MAINTENANCE
OF BICYCLES. RETAIL SALES OF
MISCELLANEOUS ITEMS.

Utah State Sales Tax Number: TEMP. 11285588-0160

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, Kirk 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: Kirk Topham Date: 10/10/14

Please print your name: Kirk Topham

Business License Application

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

Not approved.
Needs to come back
next month.

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 pd 100
Transient License Fee cc 5%
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: _____

SPD
Tamara
Shewell
be at July
TC mtg

Comments:

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

Business Name: Bear Lake Lookout

If name change, previous name: _____

Location Address: 886 Canyon Drive - Garden City, UT 84028

City, State & Zip: 948 S. Snow Meadows Drive Garden City, UT 84028

Business Phone: _____

Cell Phone: 385-239-9550

Mailing Address: 1861 W. Village Hill Ave

City, State & Zip: Salt Lake City, UT 84116

E-mail Address: atmyers@hotmail.com

Owners Name: Tamara Myers

Owners Location: 1861 W. Village Hill Ave

City, State & Zip: Salt Lake City, UT 84116

Phone: 385-239-9550

Cell Phone: _____

Kind of Business ☐ Retail ☒ Lodging ☐ Restaurant
☐ Professional ☐ Contractor ☐ Other

Briefly Describe Your Business: Multiple short term rentals in Garden City Area

Utah State Sales Tax Number: 11646605 003

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, Tamara Myers 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 held responsible.

Business License Fees are non-refundable

Owners Signature: Tamara Myers Date: May 17 2019

Please print your name: _____

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

Not approved.
Needs to come back
Next week

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 100.00 CC
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 R-1

Business Name: GB's Fab Shop, LLC
If name change, previous name: _____
Location Address: 1499 S. Bear Lake Blvd.
City, State & Zip: Garden City, Utah 84028
Business Phone: 1-435-553-4040
Cell Phone: 1-801-455-2489
Mailing Address: 1610 S. 1200 E. (Correspondence Only)
City, State & Zip: Salt Lake City, Utah 84105
E-mail Address: gb@gbsfabshop.com

Owners Name: James B. Davis
Owners Location: 1499 S. Bear Lake Blvd.
City, State & Zip: Garden City, Utah 84028
Phone: 1-435-946-3355
Cell Phone: 1-801-455-2489

Kind of Business ☒ Retail ☐ Lodging ☐ Restaurant
☐ Professional ☐ Contractor ☐ Other

Briefly Describe Your Business: Metal art creation, fabrication and light repair.

Utah State Sales Tax Number: 12379868-003-STCX

Ut State Professional License No. _____

Will you be installing a sign?: Yes

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, James B. Davis 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 until I have received a valid business license and I 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

Please print your name: James B. Davis

W/ps he will
same as before
all good
+ C. Miller
he has
temporarily
left it off

5/1/2019

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: ☒ New Business (check all that apply) ☐ Additional Location # ____ ☐ Name Change ☐ Ownership Change ☐ Location Change ☐ Transient Vendor ☐ Concessionaire Vendor	License Fee: Business License Fee <u>100.00 CC</u> 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: LAKE EFFECT LANDSCAPING

If name change, previous name: _____

Location Address: 331 W BLUE GRASS WAY

City, State & Zip: GARDEN CITY, UTAH 84028

Business Phone: 435-830-1062

Cell Phone: _____

Mailing Address: 331 W BLUE GRASS WAY

City, State & Zip: GARDEN CITY UT 84028

E-mail Address: Bwalker2@hotmail.com

Owners Name: Brendan Walker

Owners Location: 331 W Bluegrass Way

City, State & Zip: Garden city UT 84028

Phone: 435 830 1062

Cell Phone: 435 830 1062

Kind of Business	☐ Retail	☐ Lodging	☐ Restaurant
	☐ Professional	☐ Contractor	☐ Other

Briefly Describe Your Business: Landscaping, Lawn care

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, _____ 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 maintain said 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: BWalker **Date:** 5-24-14

Please print your name: Brendan Walker



GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name:

Legacy Beach Lodgings, LLC

Owner or Property Management Company Address:

2141 S Bear Lake Blvd, Garden City UT 84028

Owner or Property Management Company Phone #:

(435) 494 1663

Jim Lee

Emergency Contact Name and Phone #:

(must live within 15 minutes of property & be available 24/7)

Jarvis Parry (435) 213 6677

Contact Persons E-mail address:

jarvis@bearlakelegacy.com

Utah State Tax Number:

(must be registered to Garden City)

14795234 004 STC

Owner of Property:	Nate Parry	Address of STR Property:	609 S. Amber Lane
Owners Phone #:	435 757 3461	Parcel ID Number:	41-21-311-0009
Owners mailing address:	PO Box 46 Garden City	Subdivision or resort where property is located:	Legacy Beach
Owners e-mail address:	info@bearlakelegacy.com		

P.O. Box 207 • 69 North Paradise Parkway • Garden City, Utah 84028

Phone: (435) 946-2901 • Fax (435) 946-8852

EMail: townofgardenclty@gmail.com • Website: www.gardencltyut.us

I understand that this license does not preclude me from following the appropriate Homeowner Association CC&R's and obtaining approval from the appropriate Homeowner Association for each unit, prior to commencing any rental. I further understand that not all subdivisions within the Garden City limits allow short term rentals and my unit may be located within one such subdivision.

Incomplete applications will not be accepted.



Signature of the Owner of property

06-17-19

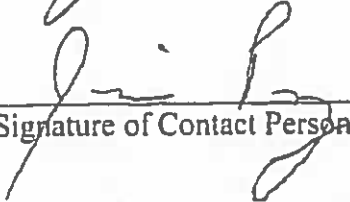
Date



Signature of Property Management Company

06/16/19

Date



Signature of Contact Person

6/11/19

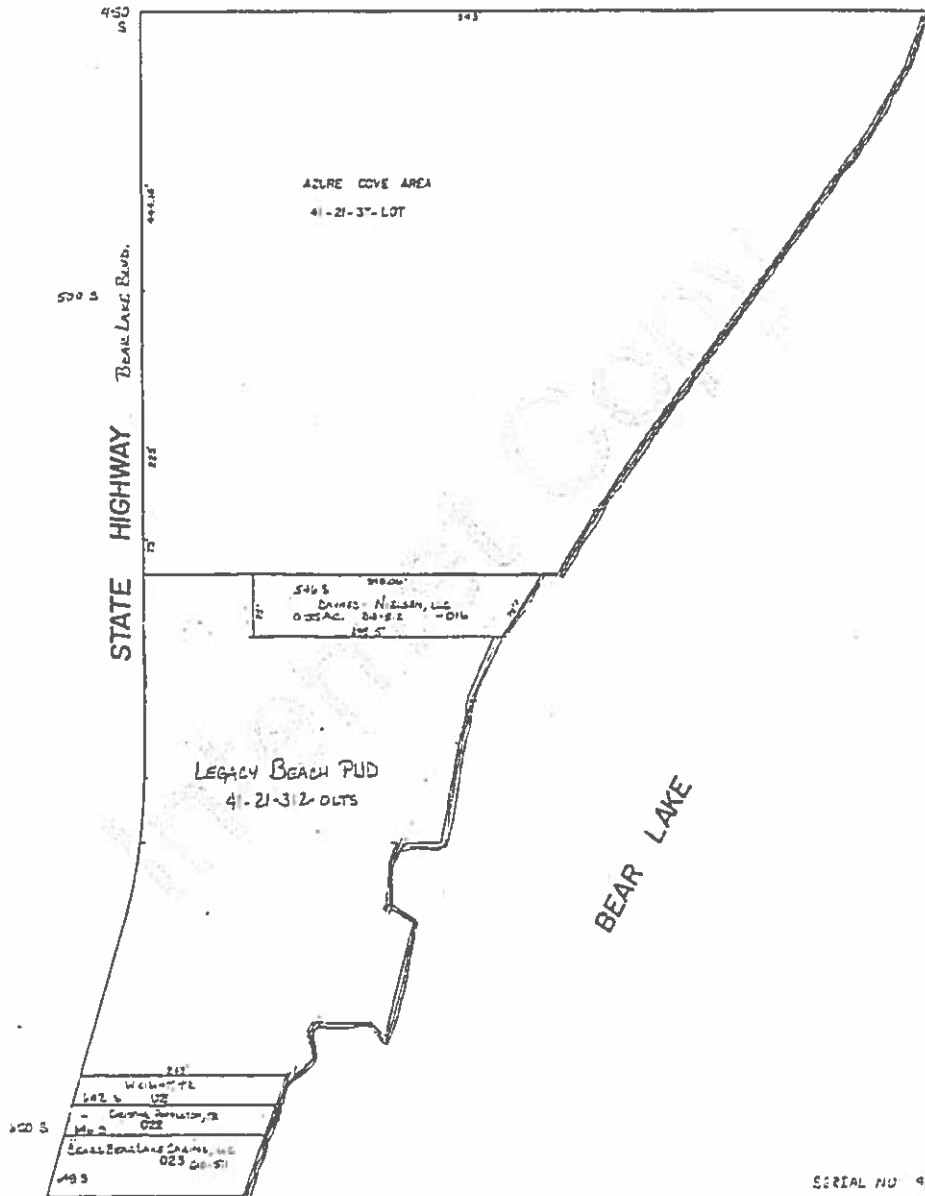
Date

Application fee, **NON-REFUNDABLE**: \$100 plus \$140 per unit pd 140.⁰⁰
6-28-19

The foregoing application was _____ approved _____ disapproved at a meeting of the Garden City Town Council held on _____ day of _____, 20 ____.

PLAT NO. _____
BOOK _____ PAGE _____

RICH COUNTY
PART SE1/4 SW1/4 SECTION 21 T. 14 N. R. 5 E., S.L.B. & M.



SERIAL NO. 91-21-303-PARCEL

REVISIONS

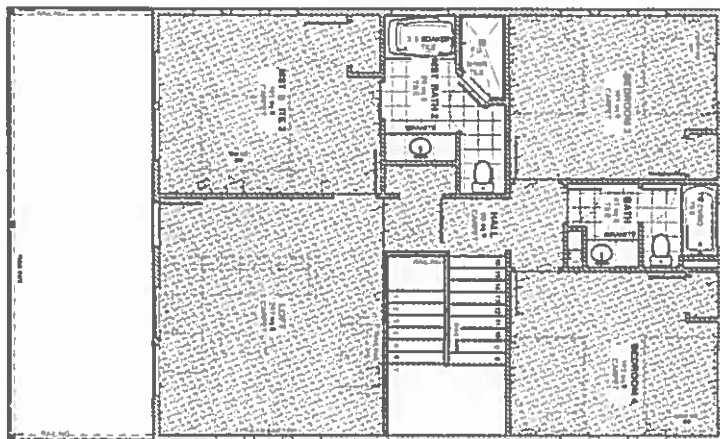
THIS PLAT IS MADE SOLELY FOR THE PURPOSE OF ASSISTING IN LOCATING THE LAND, AND THE RECORDER ASSUMES NO LIABILITY FOR VARIATIONS IF ANY, WITH AN ACTUAL SURVEY.

PART SE1/4 SW1/4
Section 21 T. 14 N. R. 5 E.

book page

drawn by M/VH date 12-80

scale 1" = 100'



FLOORING NOTE:

NOTE: ALL FLOORING SQ. FT. IS APPROXIMATE. ACTUAL SQ. FT. MAY VARY.

NOTE: FLOORING TOTALS DO NOT INCLUDE TUB OR SHOWER SURROUNDS

UPPER FLOORING

UPPER CARPET	
BEDROOM 3	182.7
BEDROOM 4	181.1
HALL	68.4
LOFT	257.1
ST. SUITE 2	191.1
STAIRS TO MAIN	132.1
	975.40
UPPER TILE	
BATH	41.1
ST. BATH 2	58.1
	100.20
	1,075.60

DATE: 10/18/18
REVISION: R4E
SCALE: 1/8" = 1'-0"

AA18

ENGINEER
MATT GARDNER, INC.
1011 10TH ST. N.W.
ALBUQUERQUE, NM 87102

GENERAL CONTRACTOR
JAY BROWN
1011 10TH ST. N.W.
ALBUQUERQUE, NM 87102

SENeca DESIGN
JAMES MOYER 415-720-2087
SENeca DESIGN JIM@SENeca.COM

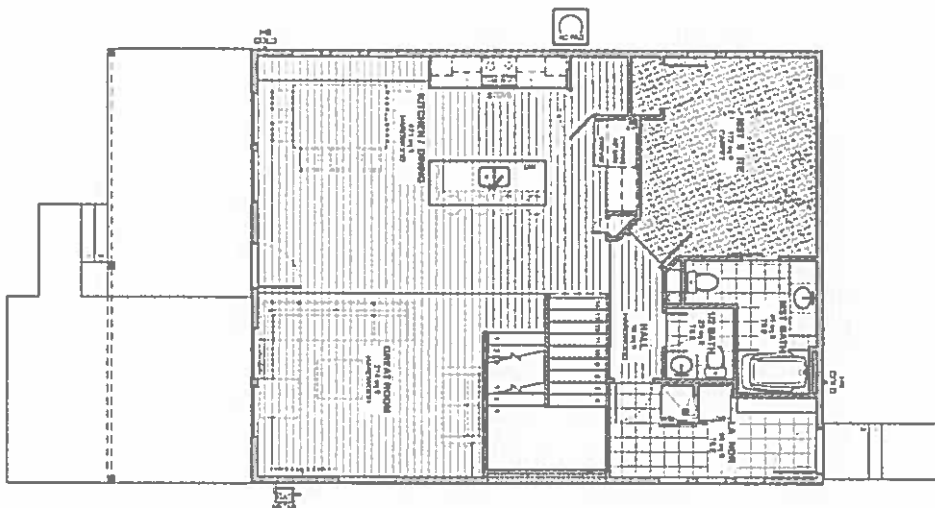
PROJECT NAME
1011 10TH ST. N.W.

CLIENT
MATT GARDNER, INC.

PROJECT ADDRESS
1011 10TH ST. N.W.
ALBUQUERQUE, NM 87102

UPPER FLOORING

SENeca DESIGN and its drawings are the property of SENeca DESIGN and are not to be reproduced or used in any way without the written consent of SENeca DESIGN. SENeca DESIGN is not responsible for any errors or omissions in this drawing. SENeca DESIGN is not responsible for any errors or omissions in this drawing. SENeca DESIGN is not responsible for any errors or omissions in this drawing.



FLOORING NOTE:

NOTE: ALL FLOORING SQ. FT. IS APPROXIMATE.
ACTUAL SQ. FT. MAY VARY.
NOTE: FLOORING TOTALS DO NOT INCLUDE
TUB OR SHOWER SUBROUNDS

MAIN FLOORING

MAIN CARPET	171.94
MST. SUITE	116.16
STAIRS TO BASEMENT	288.14
MAIN HARDWOOD	213.81
GREAT ROOM	35.56
HALL	421.01
KITCHEN / DINING	670.50
MAIN TILE	22.75
1/2 BATH	87.92
LAUNDRY	44.79
MST BATH	155.46
	1,114.10 ± 11

DATE: 3/20/18
REVISION: R-4E
SCALE: 1/8" = 1'-0"

AA17

ENGINEER
PROJECT: 2018-01-01
DATE: 03/20/18

Seneca Design, Inc.
11114 1st St. N.

Seneca Design
Seneca Design, Inc.
11114 1st St. N.
Seneca Design, Inc.
11114 1st St. N.

PROJECT NAME
11114 1st St. N.

CLIENT
11114 1st St. N.

PROJECT ADDRESS
11114 1st St. N.
Seneca Design, Inc.
11114 1st St. N.

Seneca Design, Inc. is not responsible for any errors or omissions in this drawing. The user of this drawing assumes all liability for any errors or omissions. Seneca Design, Inc. is not responsible for any errors or omissions in this drawing. The user of this drawing assumes all liability for any errors or omissions.

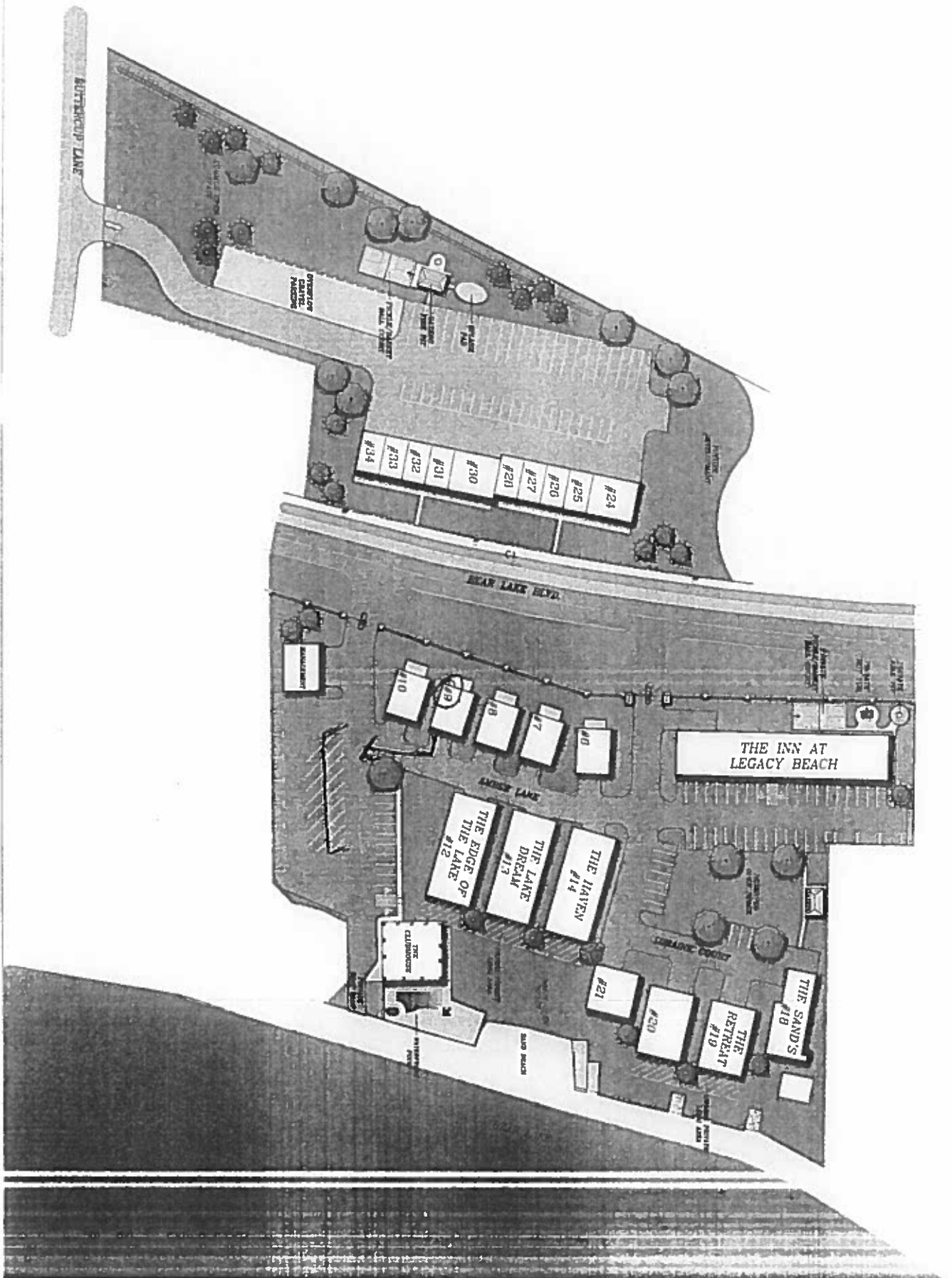


NOTE: FLOORING TOTALS DO NOT INCLUDE TUB OR SHOWER SURROUNDS

PHOTOGRAPH
PAGE 10
10

© 2000 Blackwell Science Ltd
Journal of Internal Medicine 247: 391–397

[illegible]



SHORT TERM/NI GENTRY TRUNTAI INSPICION CHECKLIST

Logan Beech bds. S. Amber Ln

Address:

Date of inspection: June 14 2019

Owner:

Property Management:

Contact Name:

Contact Phone #:

Safety Inspections:		Time limit to correct
Handrails/Guardrails	✓	
Outdoor lights	✓	
Entry lights	✓	
Water shut off	✓	
Breaker box labeled	✓	
Gas shut off	✓	
Hot water heater	✓	
Furnace	✓	
Water working	✓	
Kitchen sink	✓	
Fire Extinguishers	✓	
Electrical outlet plates	✓	
Check address on unit		
Other:		

PORT HARM/NIGHTHARVESTAL INSPECTION REPORT (page 2)

Address: _____
 Date of inspection: _____
 Owner: _____
 Property Management: _____

Room #	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Room #	12 x 14	17.5 x 15	16 x 10	16.5 x 10	17 x 15	12 x 13	14.5 x 11	14.5 x 11		
Window(s)	✓	✓	✓	✓	✓	✓	✓	✓		
Smoke Detector	✓	✓	✓	✓	✓	✓	✓	✓		
Total sq. ft.	168	262.5	160	165	255	156	159.5	159.5	104	1485.5

Total Occupancy allowed at this address: 29, shall not include children under the age of three (3).
 Minimum parking required at this address: 8. Total number of parking spaces on property: 8. All vehicles include:
 Motor homes, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.
 Date: 6-4-19
 Owner/Property Manager: 6-28-19

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: LEGACY BEACH

Inspection Date: 6-5-19

Business Address: 609 AMBER LANE

Suite: _____ Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared
ACCESS-				
1	OK Maintain fire lane free of obstructions			/ /
2	Provide address numbering which is visible from street			/ /
3	Provide extra box for fire dept. access			
EXITING				
4	OK Remove obstructions at exits, doors, aisles, corridors, stairways, etc.			/ /
5	Exit door to open without a key or any special knowledge or effort			
6	Provide sign over main exit door(s)			/ /
7	Repair non-operable exit door hardware			/ /
8	Remove obstructions from door required to be closed			
9	Remove locks & latches from doors with panic hardware			/ /
10	Remove storage from attic, under-floor and concealed spaces			
11	Provide/maintain exit sign/emergency lighting			/ /
FIRE EXTINGUISHERS				
12	OK Fire extinguisher serviced and tagged			/ /
13	Provide correct fire extinguisher as indicated			
14	Provide clear access to fire extinguisher			/ /
15	Post sign indicating fire extinguisher location			
16	Maintain 5 foot clearance for access/use of fire appliances/equipment			/ /
FIRE PROTECTION SYSTEMS				
17	Test fire alarm control valves in the open position	PASS 80		
18	Replace damaged, corroded or painted sprinkler heads/ Fire department connection (FDC) caps			
19	Provide annual certification for sprinkler/standpipe system	Re-inspection dates	Inspector	
20	Provide sprinkler coverage in unprotected areas	1 st	/ /	
21	Provide correct sprinkler heads and/or compatible wrench			
22	Electric and duct extinguishing system to be serviced and tagged	2 nd	/ /	
23	Remove grease from hood, duct, and filters (keep clean)			
FIRE ALARM SYSTEMS				
24	OK Maintain, repair, inspect, and/or test fire alarm system	Refer to FPB	/ /	
FIRE SEPARATIONS				
25	OK Repair holes in required fire resistive construction	3 rd	/ /	
26	OK Provide/repair self or automatic closing fire rated assemblies	Hearing	/ /	
ELECTRICAL				
27	OK Discontinue use of extension cords	District attorney	/ /	
28	Install permanent wiring for fixed or stationary appliance			
29	Provide cover plates for all junction boxes	Final clearance	/ /	
30	Remove exposed wiring or protect in approved conduit			
31	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	Labeling electrical rooms and breaker			
FLAMMABLE LIQUIDS - COMPRESSED GASES				
33	OK Provide flammable liquid storage cabinet or reduce storage	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.		
34	Remove all fueled vehicles or equipment from buildings			
35	Secure compressed gas cylinders			
STORAGE - HOUSEKEEPING				
36	OK Arrange storage in an orderly manner to provide access/egress	BY ORDER OF THE FIRE CHIEF SIGNATURE OF RECIPIENT: _____		
37	Remove combustible storage from boiler, mechanical, or electrical rooms			
38	Reduce storage to 24" below ceiling or 18" from sprinkler heads			
39	Remove waste & rubbish material from the premises daily			
40	Remove waste & rubbish material from the premises daily			
41	Keep dumpster 5' away from buildings			
42	Remove combustibles from storage areas			
43	Remove combustibles from storage areas			
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE				

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



GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: Legacy Beach Lodgings, LLC
Owner or Property Management Company Address: 2141 S Bear Lake Blvd, Garden City UT 84028
Owner or Property Management Company Phone #: (435) 494 1663 Jon : Lee
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) Jarvis Parry (435) 213 6677
Contact Persons E-mail address: jarvis@bearlakelegacy.com
Utah State Tax Number: (must be registered to Garden City) 14795234 004 STC

Owner of Property: Brant Larsen	Address of STR Property: 55 W Billings #29
Owners Phone #: 801 836 9898 ~~305-555-5555~~	Parcel ID Number: 030- 41-21-31-0028
Owners mailing address: PO Box 46 Garden City	Subdivision or resort where property is located: Legacy Beach
Owners e-mail address: info@bearlakelegacy.com	

I understand that this license does not preclude me from following the appropriate Homeowner Association CC&R's and obtaining approval from the appropriate Homeowner Association for each unit, prior to commencing any rental. I further understand that not all subdivisions within the Garden City limits allow short term rentals and my unit may be located within one such subdivision.

Incomplete applications will not be accepted.

[Signature]
Signature of the Owner of property

5-28-19
Date

[Signature]
Signature of Property Management Company

4/30/19
Date

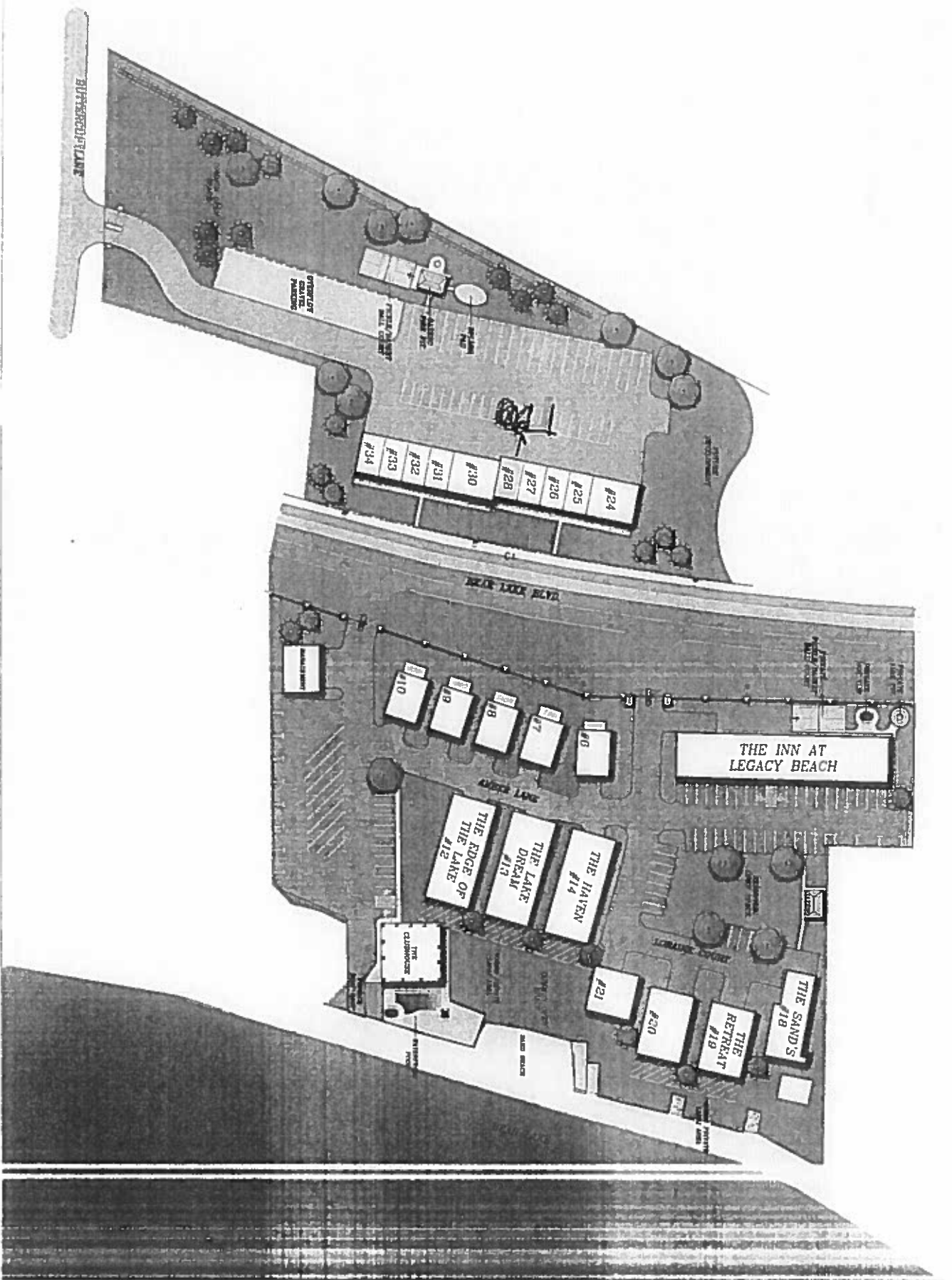
[Signature]
Signature of Contact Person

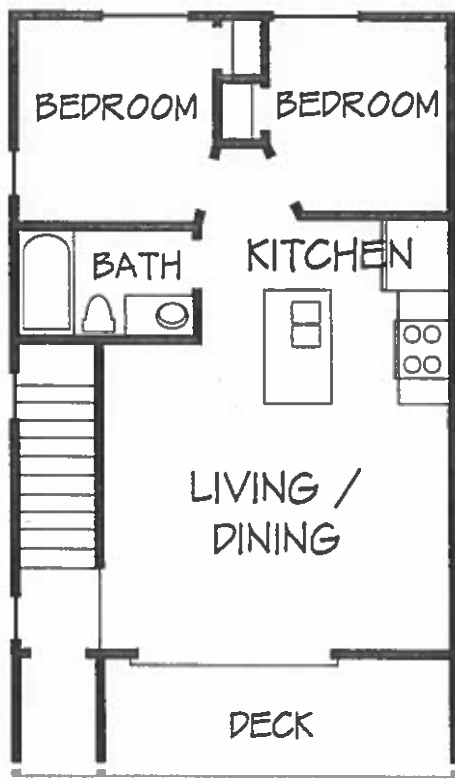
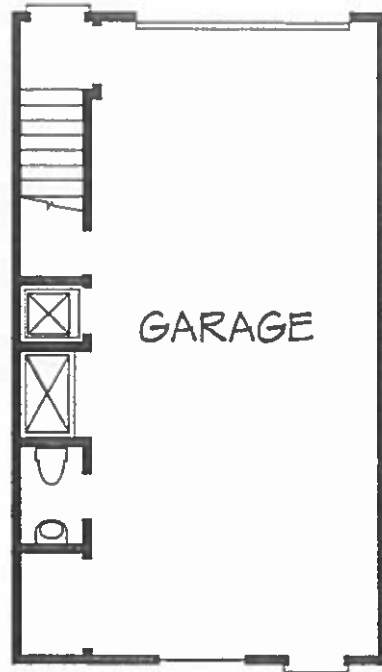
4/30/19
Date

Application fee, **NON-REFUNDABLE:** \$100 plus \$140 per unit

pd 140.⁰⁰
6-28-19

The foregoing application was _____ approved _____ disapproved at a meeting of the Garden City Town Council held on _____ day of _____, 20__.





Leacy #28.

SHORT TERM/INCOMPLETE INSPECTION CHECKLIST

Address: 55 W. Buttercup Ln. # 28

Date of inspection: 6-4-19.

Owner:

Property Management:

Contact Name:

Contact Phone #:

Safety Inspections:		Time limit to correct
Handrails/Guardrails	✓	
Outdoor lights	✓	
Entry lights	✓	
Water shut off	✓	
Breaker box labeled	✓	
Gas shut off	✓	
Hot water heater	✓	
Furnace	✓	
Water working	✓	
Kitchen sink	✓	
Fire Extinguishers	✓	
Electrical outlet plates	✓	
Check address on unit		
Other:		

PORT TIERM/NIGHTMARE/INSP/REG/ION/GE/IT/CK/1/STP (page 2)

Address:

Date of inspection:

Owner:

Property Management:

ceping oom	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
1 ft.	260	81	72							
nit equiped indow(s)	✓	✓	✓							
nduc etector	✓	✓	✓							
otal 1 ft.	260	81	72	Total	413					

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

Minimum parking required at this address: 2. Total number of parking spots on Property 2. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Inspector:

Date:

Owner/Property Manager:

Inspector: [Signature] Date: 6-23-19

Owner/Property Manager: [Signature]

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: LEGACY BEACH

Inspection Date: 6-5-19

Business Address: 55 E. BUTTERCUP LN.

Suite: #28 Business Phone: _____

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

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



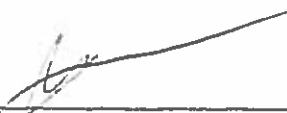
GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: Legacy Beach Lodgings, LLC
Owner or Property Management Company Address: 2141 S Bear Lake Blvd, Garden City UT 84028
Owner or Property Management Company Phone #: (435) 494 1663 <i>Don Lee</i>
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) Jarvis Parry (435) 213 6677
Contact Persons E-mail address: jarvis@bearlakelegacy.com
Utah State Tax Number: (must be registered to Garden City) 14795234 004 STC

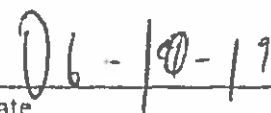
Owner of Property: <i>Nate Parry</i>	Address of STR Property: <i>55 W Buttercup Ln #33</i>
Owners Phone #: <i>435 757 3461</i>	Parcel ID Number: <i>41-21-30-038 033</i>
Owners mailing address: <i>PO Box 46</i>	Subdivision or resort where property is located: <i>Legacy Beach</i>
Owners e-mail address: <i>info@bearlakelegacy.com</i>	

I understand that this license does not preclude me from following the appropriate Homeowner Association CC&R's and obtaining approval from the appropriate Homeowner Association for each unit, prior to commencing any rental. I further understand that not all subdivisions within the Garden City limits allow short term rentals and my unit may be located within one such subdivision.

Incomplete applications will not be accepted.



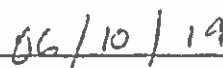
Signature of the Owner of property



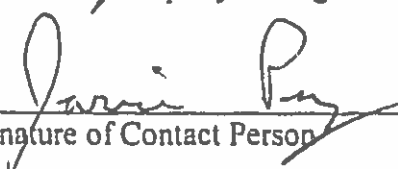
Date



Signature of Property Management Company



Date

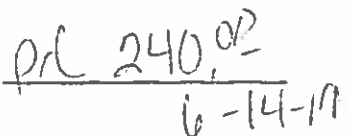


Signature of Contact Person



Date

Application fee, **NON-REFUNDABLE**: \$100 plus \$140 per unit


p/c 240.00
6-14-19

The foregoing application was _____ approved _____ disapproved at a meeting of the Garden City Town Council held on _____ day of _____, 20 ____.

BOOK_____ PAGE_____

PART OF SW1/4 SECTION 21 T. 14 N.R. 5 E., S.L.B. & M.

TOWN OF GARDEN CITY
0.28

ROBERT M. CALDER
0031

PUGMIRE, TR.
GARNER, TR.
0029

LAW, TR.
0030

465 S
12' 5"

426 S
7'

ALAN W. & JEANNETTE
EGBERT

GERRIT B. & JANICE
VAN DER LINDE
0032

STUART R.
SMITH
0017

RALPH L. & LORRAINE J.
SELF
0018

Z. BROWN
0023

WILLIAM D.
0019

JANICE JEAN TAYLOR ET AL.
0031

GLEN C. & PATRICIA CROCKETT
0022

NORMAN R.
BECK, JR.
0023 ET AL.

BUTTERCUP FARMS PLAT I

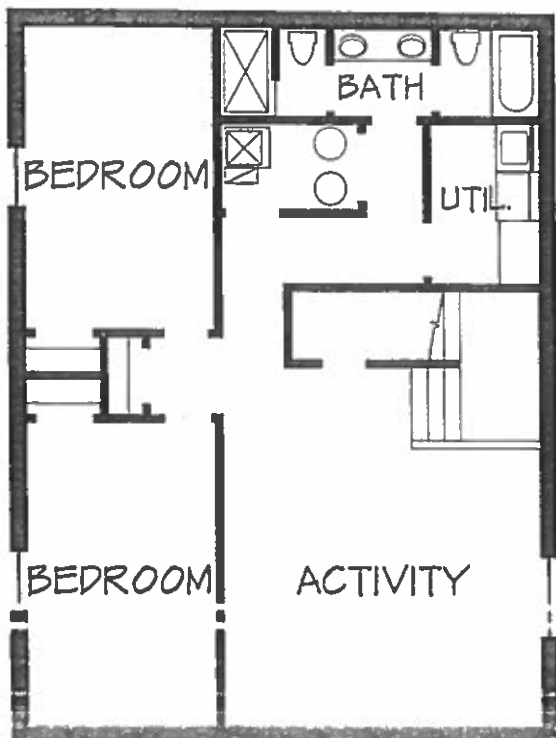
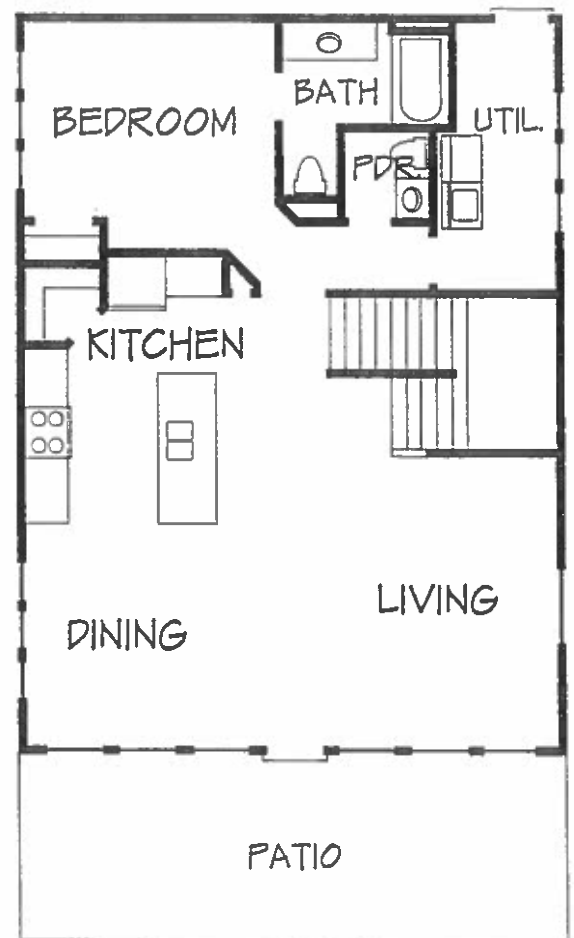
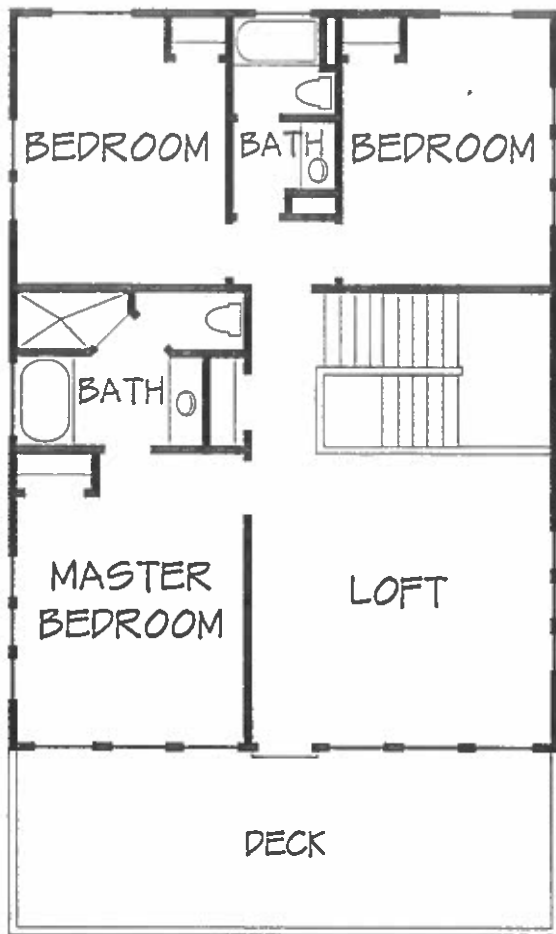
LEGACY BEACH,
PUD
41-21-312-LOTS

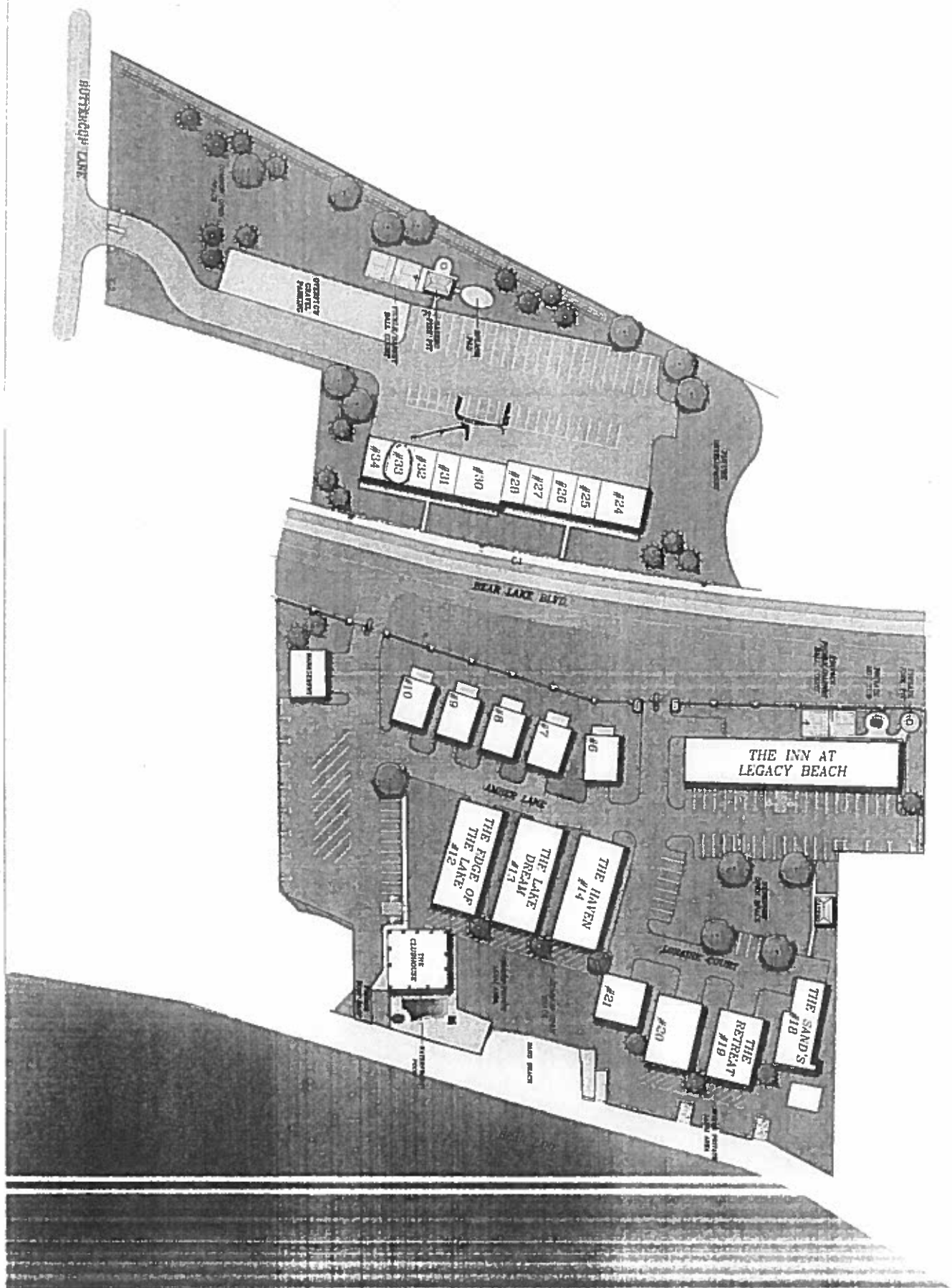
SEE OTHER PLAT

STATE HIGHWAY

BUTTERCUP MOBILE HOME ESTATES
R4-472

REVISIONS	THIS PLAT IS MADE SOLELY FOR THE PURPOSE OF ASSISTING IN LOCATING THE LAND AND THE RECORDOR ASSUMES NO LIABILITY FOR VARIATIONS IF ANY, WITH AN ACTUAL SURVEY.	PT. 5446 Section 21, T.14N, R. 3E	back page
		drawn by: M/H	date: 8-80
			scale: 1" = 100'





Leaf 33-

SHORT TERM/NEGLECTY RENTALS INSPECTION CHECKLIST

Address: 55 W. Buttercup Ln. #33

Date of inspection:

Owner:

Property Management:

Contact Name:

Contact Phone #:

Safety Inspections:		Time limit to correct
Handrails/Guardrails	✓	
Outdoor lights	✓	
Entry lights	✓	
Water shut off	✓	
Breaker box labeled	✓	
Gas shut off	✓	
Hot water heater	✓	
Furnace	✓	
Water working	✓	
Kitchen sink	✓	
Fire Extinguishers	✓	
Electrical outlet plates	✓	
Check address on unit	✓	
Other:		

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: LEGACY BEACH

Inspection Date: 6-5-19

Business Address: 55 EAST BUTTERCUP

Suite: #33 Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared
ACCESS				
1	Maintain fire lane free of obstructions			/ /
2	Provide address numbering which is visible from street			/ /
3	Provide smoke box for fire dept. access			
EXITING				
4	Remove obstructions at exits, doors, aisles, corridors, stairways, etc.			/ /
5	Exit door to open without a key or any special knowledge or effort			
6	Provide sign over main exit door(s)			/ /
7	Repair non-operable exit door hardware			/ /
8	Remove obstructions from door required to be closed			
9	Remove locks & latches from doors with panic hardware			/ /
10	Remove storage from attic, under-floor and concealed spaces			
11	Provide/maintain exit sign/emergency lighting			/ /
FIRE EXTINGUISHERS				
12	Have fire extinguisher serviced and tagged			/ /
13	Provide/mount fire extinguisher as indicated			
14	Provide clear access to fire extinguisher			/ /
15	Post a sign indicating fire extinguisher location			
16	Maintain 3 foot clearance for access/use of fire appliances/equipment			/ /
FIRE PROTECTION SYSTEMS				
17	Secure all system control valves in the open position			
18	Replace damaged, corroded or painted sprinkler heads/ Fire department connection (FDC) caps			
19	Provide annual certification for sprinkler/standpipe system	Re-inspection dates	Inspector:	
20	Provide sprinkler coverage in unprotected areas	1 st	/ /	
21	Provide spare sprinkler heads and/or compatible wrench			
22	Hood and duct extinguishing system to be serviced and tagged	2 nd	/ /	
23	Remove grease from hood, duct, and filters (keep clean)			
24	Maintain, repair, inspect, and/or test fire alarm system	Refer to FPB	/ /	
FIRE SEPARATIONS				
25	Repair holes in required fire resistive construction	3 rd	/ /	
26	Provide/repair self or automatic closing fire rated assemblies	Hearing	/ /	
ELECTRICAL				
27	Discontinue use of extension cords	District attorney	/ /	
28	Install permanent wiring for fixed or stationary appliance			
29	Protect all wiring for all junction boxes	Final clearance	/ /	
30	Remove exposed wiring or protect in approved conduit			
31	Provide clear work space at all electrical panels (30" in width, 36" in depth and 6'6" in height) Remove exposed wiring or protect in approved conduit			
32	Repair electrical rooms and breaker			
FLAMMABLE LIQUIDS - COMPRESSED GASES				
33	Provide flammable liquid storage cabinet or reduce storage			
34	Remove all fueled vehicles or equipment from buildings			
35	Secure compressed gas cylinders			
STORAGE - HOUSEKEEPING				
36	Store items in an orderly manner to provide access/egress			
37	Remove combustible storage from boiler, mechanical, or electrical rooms			
38	Reduce storage to 24" below ceiling or 18" from sprinkler heads			
39	Remove storage of flammable liquids, gases, or other hazardous materials from the premises daily			
40	Keep dumpster 5' away from buildings			
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: <u>[Signature]</u> FPD _____ COMPANY _____ Shift _____ Page _____				

DIST #3 YELLOW TO FIRE WHITE TO OWNER/OCCUPANT PINK TO OWNER WITH FINAL CLEARANCE



GARDEN CITY
SHORT TERM RENTAL APPLICATION

584 S. Anthon

Owner or Property Management Company Name: Legacy Beach Lodging, LLC
Owner or Property Management Company Address: 260 E. 1400 N. Suite B, Logan, UT 84341
Owner or Property Management Company Phone #: ~~435-757-3461~~ 385-355-5555 Jon
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) Jarvis Parry 435-213-6677
Contact Persons E-mail address: jarviparry@gmail.com jarvis@beachlegacy.com
Utah State Tax Number: (must be registered to Garden City) ~~83-2105082~~ 14471652-004-STR

The following information and documentation shall be contained in the application and provided to the Clerk:

- ☒ A. Completed Application signed by the Owner.
- ☐ B. Proof of Ownership for each unit.
- ☒ C. Site Plan drawn to scale for each unit, including the parking area with each parking space mapped out.
- ☒ D. Proof of valid insurance for each unit being licensed for short term rentals.
- ☒ E. Floor plan drawn to scale with dimensions.
- ☐ F. Zone designation and street address for each unit.
- ☐ G. If direct vehicular access from the Property to a public street is not shown on the Site Plan, the Application must include a Temporary Access Easement from the owners of each property over which vehicles must pass to access the Property. All Temporary Access Easements shall be signed and notarized by the owner or owners of the property or properties granting the Temporary Access Easements. Upon the termination of any Temporary Access Easement, it shall be the responsibility of the Owner to obtain a new Temporary Access Easement from the new property owner. Failure to obtain a replacement Temporary Access Easement shall be cause for termination of the License.

Parcel 11-21-312

0014

- H. Copies of currently valid Town and State Sales Tax collection and accounting numbers in the name of the Owner or the Property Management Company.
- I. The name, address, and contact information including a 24-hour contact phone number for the person at the Property Management Company managing the Property; or, if there is no Property Management Company, the name, address and contact information, including a 24-hour contact phone number, of a person living within 15 minutes of the property(s), who may be the Owner or Owner's Agent, and who can be contacted in the event of an emergency.
- J. Inspection by the Garden City Building Inspector and Garden City Fire Chief.
- K. A signed acknowledgement on the application, that the Owner, Property Management Company, and/or Owner's agent, if any, have read all of the Town's regulations pertaining to the operation of a Short Term Rental.
- L. The Owner shall sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations. If there is a Property Management Company or other agent of the Owner managing the Short Term Rental, the agent or an authorized officer of the Property Management Company, or both, shall also sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations.

Fill out one section for each location you are renting: (you may need to fill out a second application for more locations).

Owner of Property: <i>Del & Jessica Ringuest</i>	Owners Phone #: <i>847-772-2941</i>
Address of Property: <i>584 S. Amber Lane</i>	Subdivision or resort where property is located: <i>Legacy Beach</i>
Owners mailing address: <i>281 S. 360 E. Midway, UT 84049</i>	

Owner of Property:	Owners Phone #:
Address of Property:	Subdivision or resort where property is located:
Owners mailing address:	

As the Owner/Property Management Company for the above listed properties I understand that I am responsible for:

- 1. The Owner or Property Management Company, or other agent of Owner shall:
 - a. mail or provide directly to the party signing any rental agreement or reserving the Property a copy of all Short Term Rental rules and regulations as soon as possible, but no later than 10 days after reserving the Property; and

I understand that this license does not preclude me from following the appropriate Homeowner Association CC&R's and obtaining approval from the appropriate Homeowner Association for each unit, prior to commencing any rental. I further understand that not all subdivisions within the Garden City limits allow short term rentals and my unit may be located within one such subdivision.

Incomplete applications will not be accepted.

Robert Ring
Signature of the Owner of property

1-20-18
Date

[Signature]
Signature of Property Management Company

1/31/19
Date

[Signature]
Signature of Contact Person

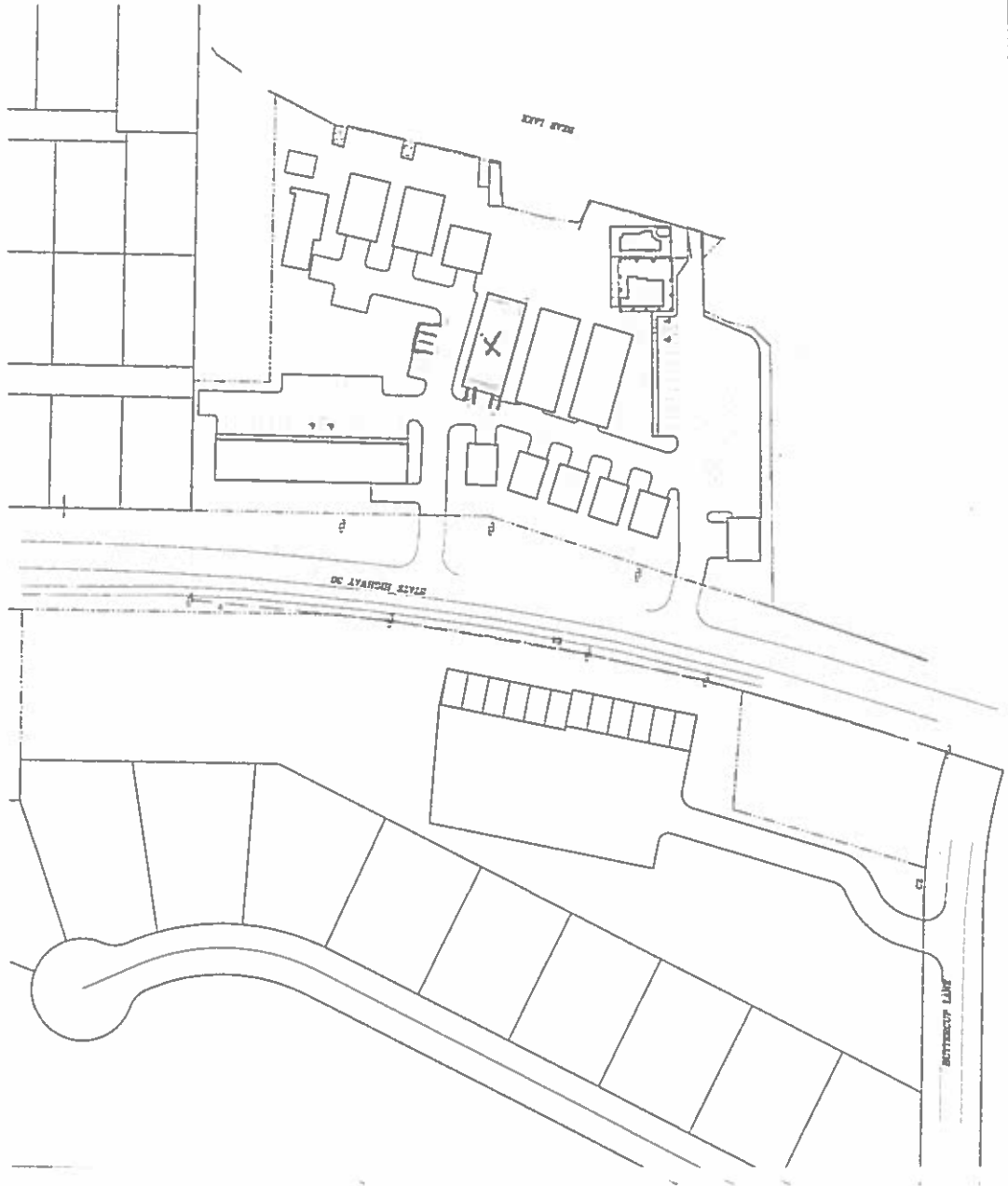
1/31/19
Date

Application fee, **NON-REFUNDABLE:** \$100 plus \$130 per unit

per \$240.00
4-24-19

The foregoing application was _____ approved _____ disapproved at a meeting of the Garden City Town Council held on _____ day of _____, 20 ____.

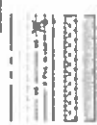
LEGACY BEACH
PRELIMINARY PLAT
QUARTER 34, DEED 21,
GARDEN CITY, UTAH



NORTH



SCALE 1" = 66'-0"



DEVELOPER
LEGACY BEACH LLC
100 S. 200 W.
GARDEN CITY, UT 84002
(435) 730-3121

LEGACY BEACH
PRELIMINARY PLAT
QUARTER 34, DEED 21,
GARDEN CITY, UTAH

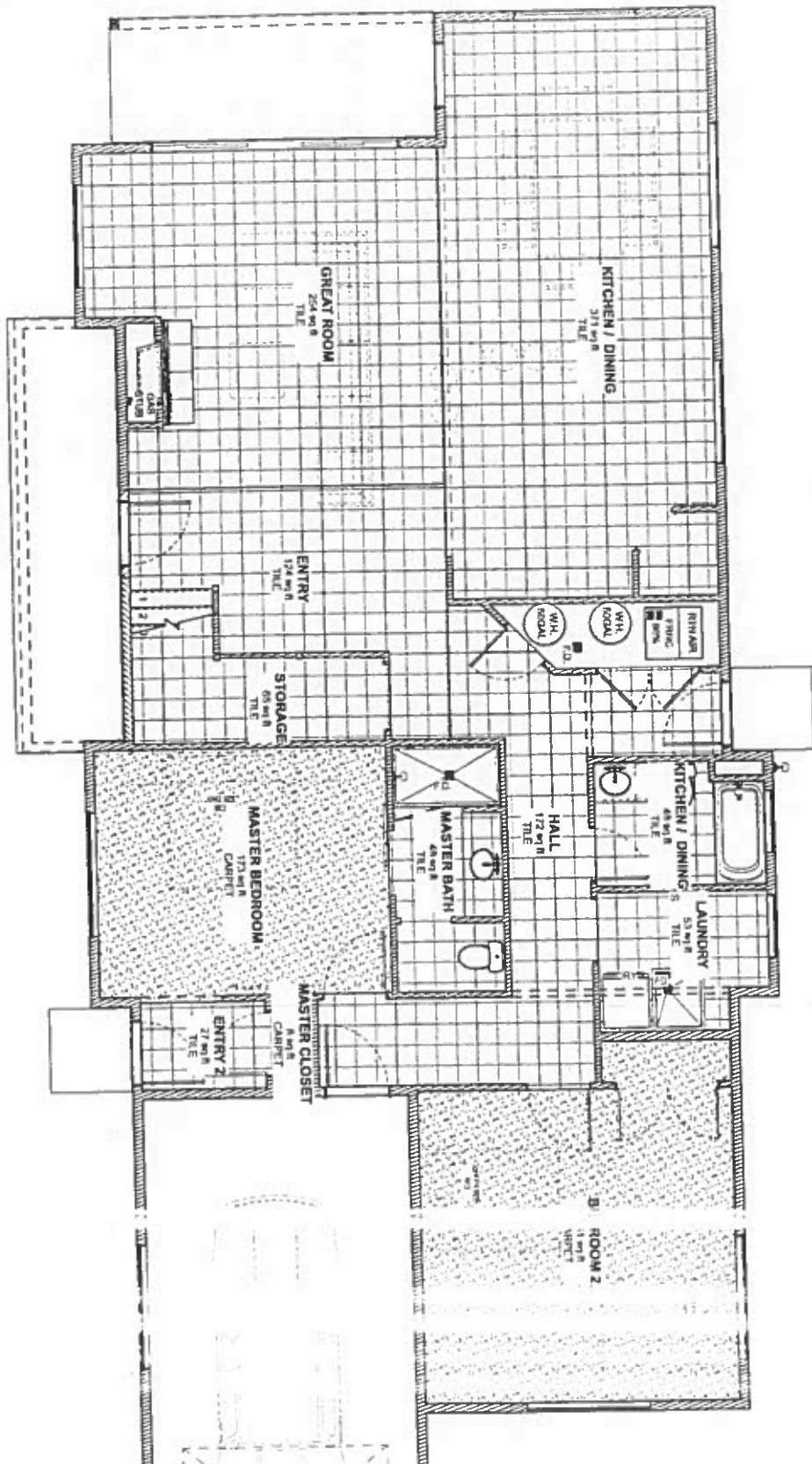
100 S. 200 W. NORTH QUARTER 34
GARDEN CITY, UTAH 84002
(435) 730-3121

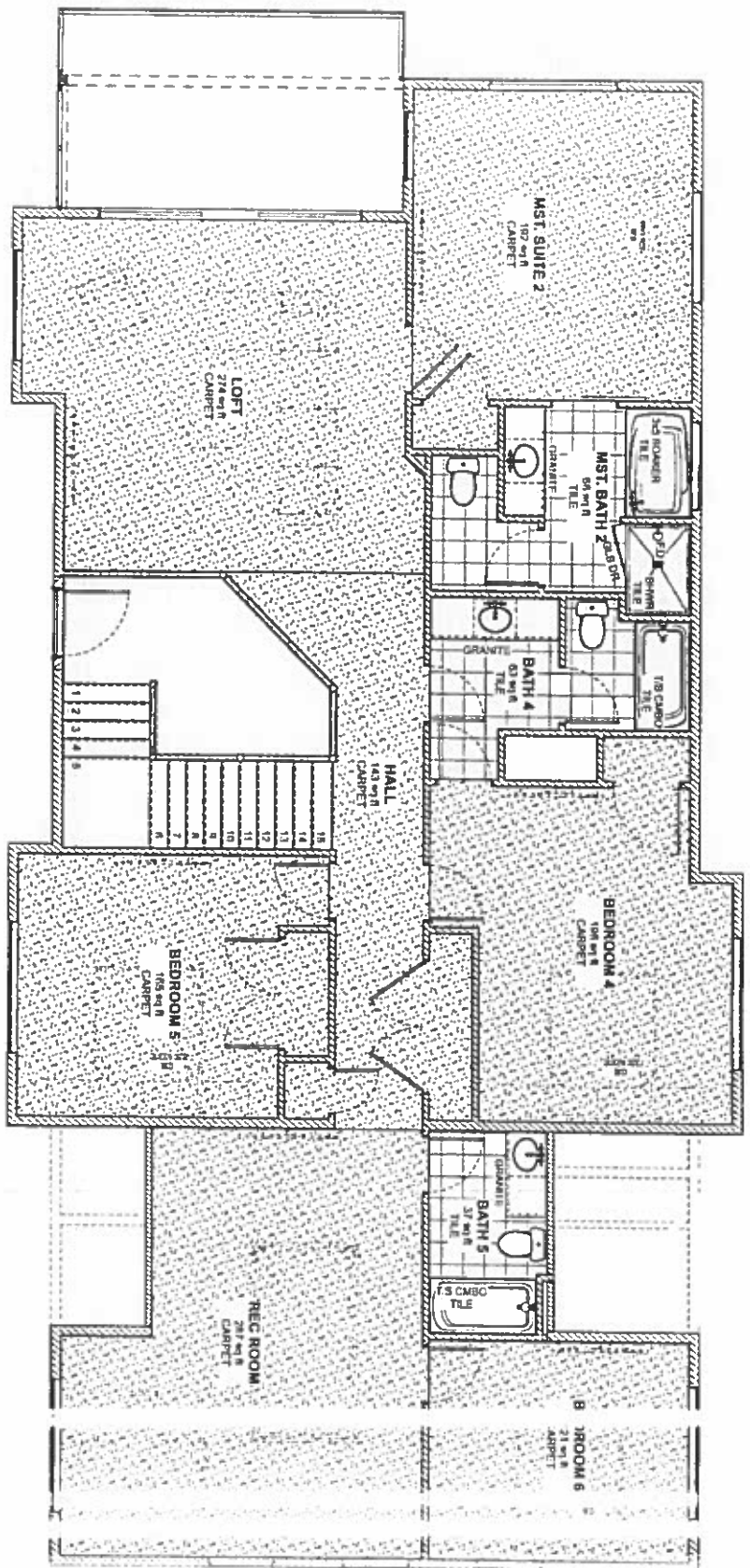
DATE 2-23-2018

DESIGNED BY

BY

SHEET 2 OF 2





SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

Address:

Date of inspection:

Owner:

Property Management:

	Master	Owner	DPW	VP 1	VP 2	VP 3	VP 4	VP 5	VP 6	
Keeping room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
sq. ft.	14.5 x 12	15 x 15.5	14 x 15	16 x 16.5	13 x 14	12 x 12	12 x 15	19.5 x 12	12 x 10	
exit required	OK	OK	OK	OK	OK	OK	OK	OK	OK	
Window(s)	OK	OK	OK	OK	OK	OK	OK	OK	OK	
smoke detector	OK	OK	OK	OK	OK	OK	OK	OK	OK	
total sq. ft.	174	232.5	285	264	182	144	180	234	120	

633.5 - total

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 including trailers, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:

Date:

Spectator:

Owner/Property Manager:



6-27-19

6-27-19

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: LEGACY BEACH Inspection Date: 6-27-19

Business Address: 584 S. ALIBUR LANE Suite: _____ Business Phone: _____

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

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



GARDEN CITY SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: Legacy Beach Lodging, LLC
Owner or Property Management Company Address: 260 E. 1400 N. Suite B, Logan, UT 84341
Owner or Property Management Company Phone #: 435-757-3461 385 - 355 - 5555 2017
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) Jarvis Parry 435-213-6677
Contact Persons E-mail address: jarviparry@gmail.com jarvis@bearlakelegacy.com
Utah State Tax Number: (must be registered to Garden City) ~~83-2105082~~ 14471652-004-STR

The following information and documentation shall be contained in the application and provided to the Clerk:

- ☒ A. Completed Application signed by the Owner.
- ☒ B. Proof of Ownership for each unit.
- ☒ C. Site Plan drawn to scale for each unit, including the parking area with each parking space mapped out.
- ☒ D. Proof of valid insurance for each unit being licensed for short term rentals.
- ☒ E. Floor plan drawn to scale with dimensions.
- F. Zone designation and street address for each unit.
- G. If direct vehicular access from the Property to a public street is not shown on the Site Plan, the Application must include a Temporary Access Easement from the owners of each property over which vehicles must pass to access the Property. All Temporary Access Easements shall be signed and notarized by the owner or owners of the property or properties granting the Temporary Access Easements. Upon the termination of any Temporary Access Easement, it shall be the responsibility of the Owner to obtain a new Temporary Access Easement from the new property owner. Failure to obtain a replacement Temporary Access Easement shall be cause for termination of the License.

Parcel ID# 41-21-312-0023
0024

- H. Copies of currently valid Town and State Sales Tax collection and accounting numbers in the name of the Owner or the Property Management Company.
- I. The name, address, and contact information including a 24-hour contact phone number for the person at the Property Management Company managing the Property; or, if there is no Property Management Company, the name, address and contact information, including a 24-hour contact phone number, of a person living within 15 minutes of the property(s), who may be the Owner or Owner's Agent, and who can be contacted in the event of an emergency. ☒
- J. Inspection by the Garden City Building Inspector and Garden City Fire Chief. ☒
- K. A signed acknowledgement on the application, that the Owner, Property Management Company, and/or Owner's agent, if any, have read all of the Town's regulations pertaining to the operation of a Short Term Rental.
- L. The Owner shall sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations. If there is a Property Management Company or other agent of the Owner managing the Short Term Rental, the agent or an authorized officer of the Property Management Company, or both, shall also sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations.

Fill out one section for each location you are renting: (you may need to fill out a second application for more locations).

Owner of Property: Jaycee Carroll	Owners Phone #: 307-679-5428
Address of Property: 55 W Buttercup Lane #23 & #24, Garden City, UT 84028.	Subdivision or resort where property is located: Legacy Beach
Owners mailing address: 109 N. Artur, suite 400, Pocatello, Idaho, 83204	

Owner of Property:	Owners Phone #:
Address of Property:	Subdivision or resort where property is located:
Owners mailing address:	

As the Owner/Property Management Company for the above listed properties I understand that I am responsible for:

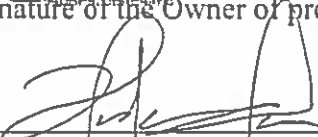
- 1. The Owner or Property Management Company, or other agent of Owner shall:
 - a. mail or provide directly to the party signing any rental agreement or reserving the Property a copy of all Short Term Rental rules and regulations as soon as possible, but no later than 10 days after reserving the Property; and

I understand that this license does not preclude me from following the appropriate Homeowner Association CC&R's and obtaining approval from the appropriate Homeowner Association for each unit, prior to commencing any rental. I further understand that not all subdivisions within the Garden City limits allow short term rentals and my unit may be located within one such subdivision.

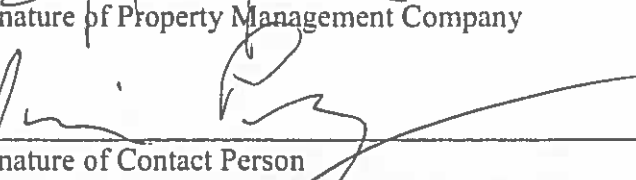
Incomplete applications will not be accepted.

DocuSigned by:


Signature of the Owner of property



Signature of Property Management Company



Signature of Contact Person

10/15/2018

Date

1/30/19

Date

1/20/19

Date

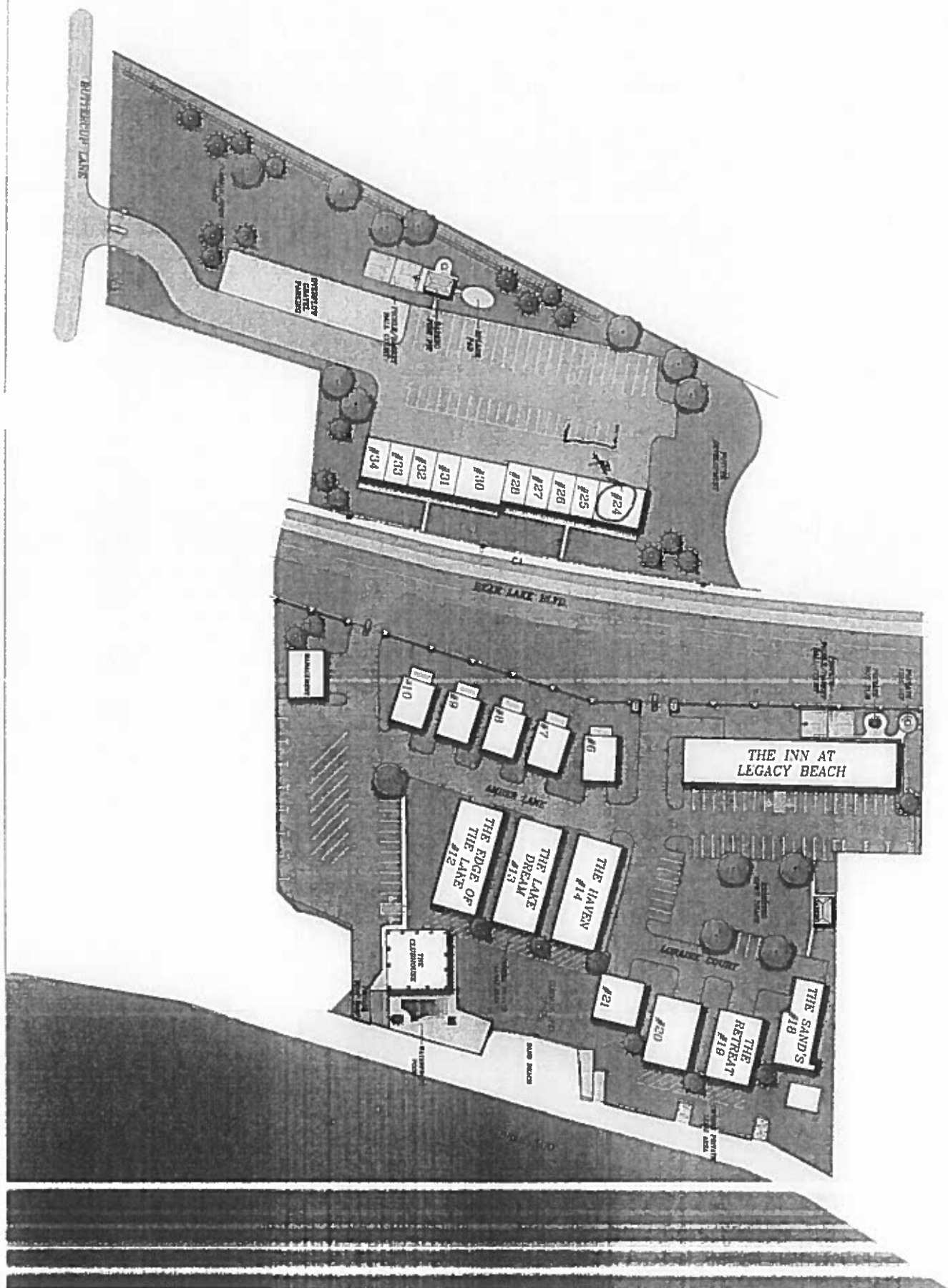
Application fee, **NON-REFUNDABLE**: \$100 plus \$150 per unit

240.00

Sam

The foregoing application was _____ approved _____ disapproved at a meeting of the Garden City Town Council held on _____ day of _____, 20 ____.

4-24-19
S

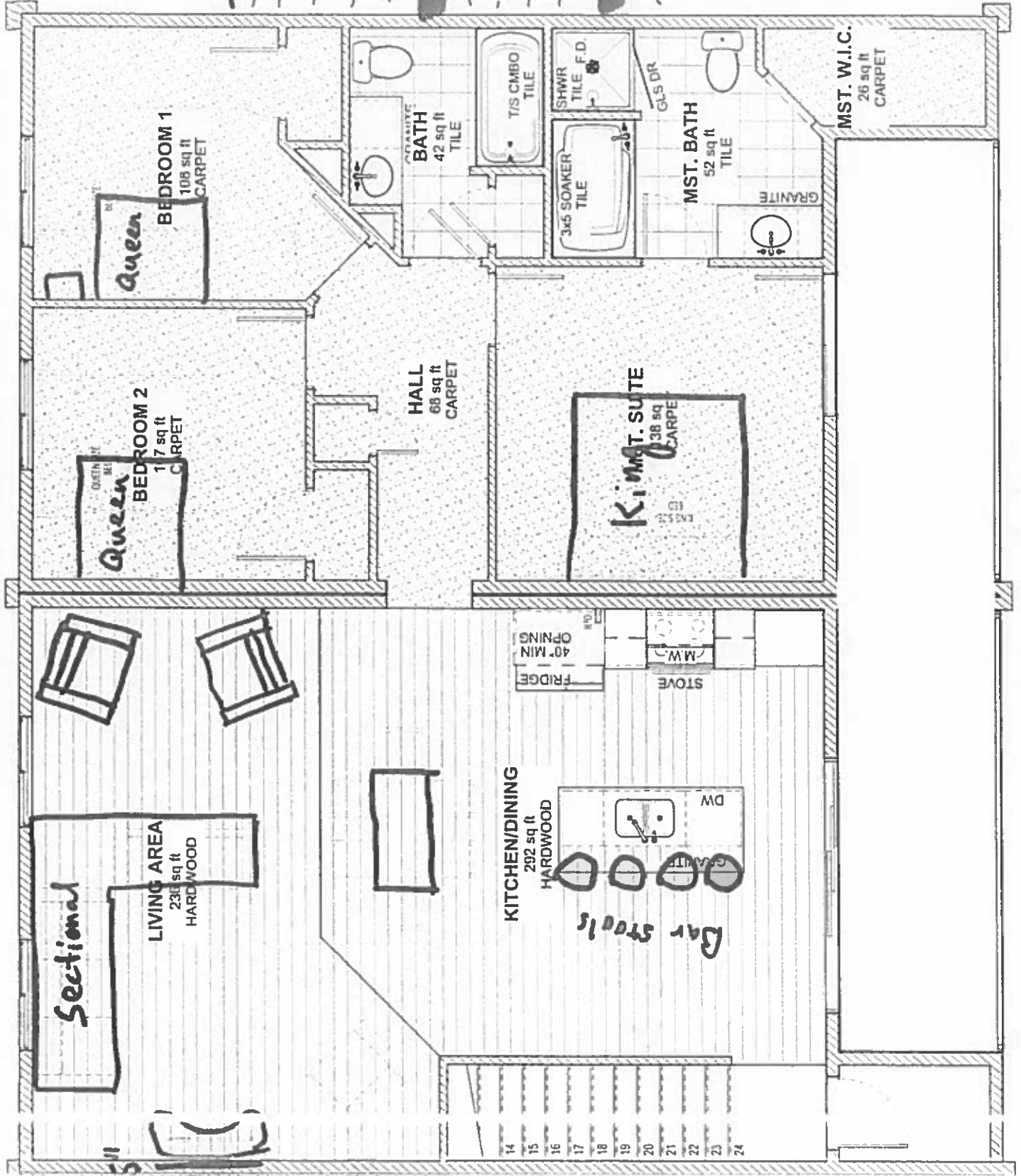


Nibley

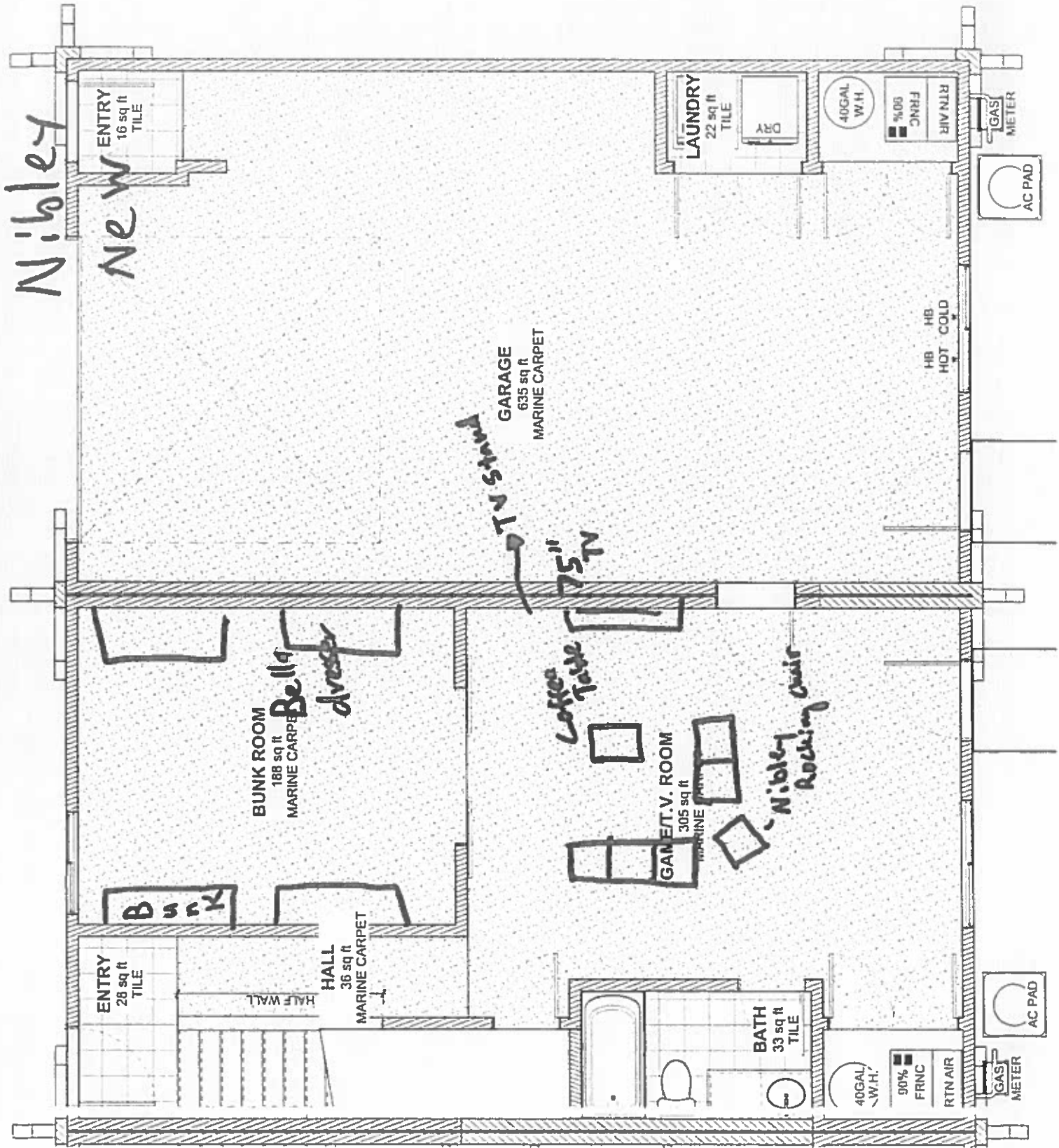
New

Jake

- Couch
- Love seat
- Coffee table
- TV Stand
- Bar stools
- Brown Recliner
- Queen bed
- night stand
- Dresser
- Boxes



6'5" ()
50' x 10' x 10'



Legacy #24

STANDARD FIRE/EMERGENCY INSPECTION CHECKLIST

Address: 55 W. Buttercup Ln. #24

Date of inspection:

Owner:

Property Management:

Contact Name:

Contact Phone #:

	Time limit to correct
Safety Inspections:	
Handrails/Guardrails	✓
Outdoor lights	✓
Low voltage	✓
Water shut-off	✓
Boiler box labeled	✓
Gas shut-off	✓
Hot water heater	✓
Fireplace	✓
Water working	✓
Kitchen sink	✓
Fire extinguishers	✓
Electric outlet plates	✓
Carbon monoxide detector	✓
Other:	

FORT TERRY/NTIC FIELD/ARREST/PAINT INSPECTION/CHIEF/IC/IST (page 2)

Address:

Site of inspection:

Owner:

Property Management:

ceiling	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
room										
1 Fl.	11.5x12.5	20x17	10x10	10x10	12x12					
2nd	✓	✓	✓	✓	✓					
acquired	✓	✓	✓	✓	✓					
(window/s)	✓	✓	✓	✓	✓					
mobile	✓	✓	✓	✓	✓					
detector	✓	✓	✓	✓	✓					
total	125	340	100	100	144	Total		979		
1 Fl.										

total Occupancy allowed at this address: 19, shall not include children under the age of three. (3).

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

Signature:

Date:

Inspector:

Owner/Property Manager:

19 11/11

JUNE 4-19

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: LEGACY BEACH

Inspection Date: 6-5-19

Business Address: 55 EAST BUTTERCUP

Suite: #23 Business Phone: _____

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

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



parcel 41-20-010-0014

GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: <i>Vacasa LLC</i> ~~Bear Lake Condo Rentals LLC~~
Owner or Property Management Company Address: <i>65 W. Logan Rd, 585 N Bear Lake Blvd, Garden City, UT 84028</i>
Owner or Property Management Company Phone #: ~~1-800-946-5473~~ <i>1-800-544-0300</i>
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) <i>Joey Stocking 1-800-946-5473 801-856-7419</i>
Contact Persons E-mail address: <i>Joe.Stocking@Vacasa.com</i> ~~manager@bearlakescondorentals.com~~
Utah State Tax Number: (must be registered to Garden City) <i>13905689-003-STC</i> ~~14009685-004-STC~~

parcel 111 #

The following information and documentation shall be contained in the application and provided to the Clerk:

- A. Completed Application signed by the Owner.
- B. Proof of Ownership for each unit.
- C. Site Plan drawn to scale for each unit, including the parking area with each parking space mapped out.
- D. Proof of valid insurance for each unit being licensed for short term rentals.
- E. Floor plan drawn to scale with dimensions.
- F. Zone designation and street address for each unit.
- G. If direct vehicular access from the Property to a public street is not shown on the Site Plan, the Application must include a Temporary Access Easement from the owners of each property over which vehicles must pass to access the Property. All Temporary Access Easements shall be signed and notarized by the owner or owners of the property or properties granting the Temporary Access Easements. Upon the termination of any Temporary Access Easement, it shall be the responsibility of the Owner to obtain a new Temporary Access Easement from the new property owner. Failure to obtain a replacement Temporary Access Easement shall be cause for termination of the License.

- H. Copies of currently valid Town and State Sales Tax collection and accounting numbers in the name of the Owner or the Property Management Company.
- I. The name, address, and contact information including a 24-hour contact phone number for the person at the Property Management Company managing the Property; or, if there is no Property Management Company, the name, address and contact information, including a 24-hour contact phone number, of a person living within 15 minutes of the property(s), who may be the Owner or Owner's Agent, and who can be contacted in the event of an emergency.
- J. Inspection by the Garden City Building Inspector and Garden City Fire Chief.
- K. A signed acknowledgement on the application, that the Owner, Property Management Company, and/or Owner's agent, if any, have read all of the Town's regulations pertaining to the operation of a Short Term Rental.
- L. The Owner shall sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations. If there is a Property Management Company or other agent of the Owner managing the Short Term Rental, the agent or an authorized officer of the Property Management Company, or both, shall also sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations.

Fill out one section for each location you are renting: (you may need to fill out a second application for more locations).

Owner of Property: <i>John Bryan Kelly</i>	Owners Phone #: <i>801-856-7779</i>
Address of Property: <i>605 W. Dee Dr. UT 84025</i> <i>Garden City</i>	Subdivision or resort where property is located:
Owners mailing address: <i>Sandy UT</i> <i>1956 Brandon Park Pl. 84092</i>	

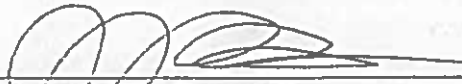
Owner of Property:	Owners Phone #:
Address of Property:	Subdivision or resort where property is located:
Owners mailing address:	

As the Owner/Property Management Company for the above listed properties I understand that I am responsible for:

1. The Owner or Property Management Company, or other agent of Owner shall:
 - the Property a copy of all Short Term Rental rules and regulations as soon as possible, but no later than 10 days after reserving the Property; and

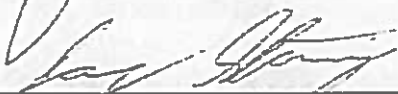
I understand that this license does not preclude me from following the appropriate Homeowner Association CC&R's and obtaining approval from the appropriate Homeowner Association for each unit, prior to commencing any rental. I further understand that not all subdivisions within the Garden City limits allow short term rentals and my unit may be located within one such subdivision.

Incomplete applications will not be accepted.



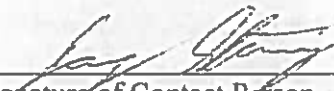
Signature of the Owner of property

1-29-18
Date



Signature of Property Management Company

4/15/19
Date



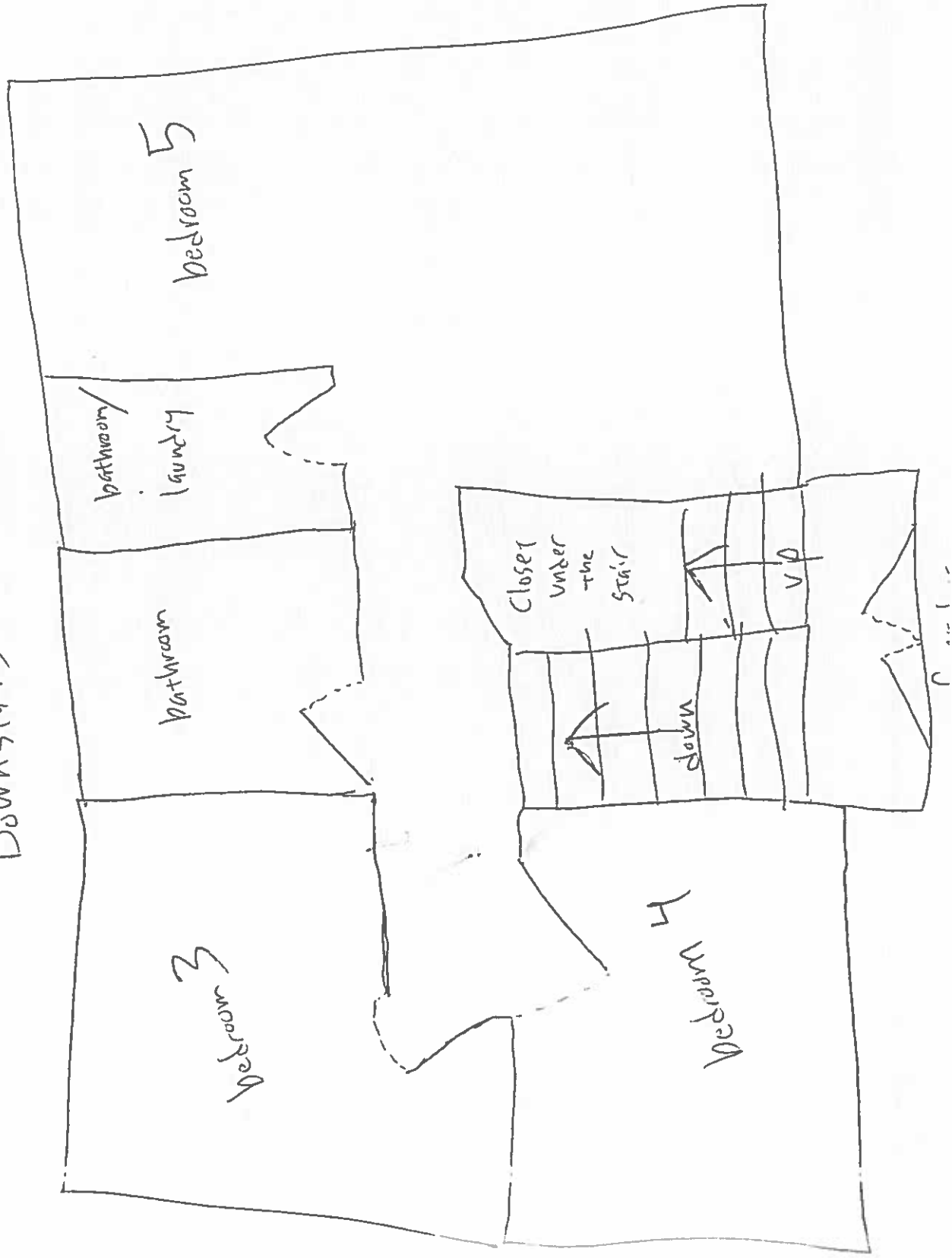
Signature of Contact Person

4/15/19
Date

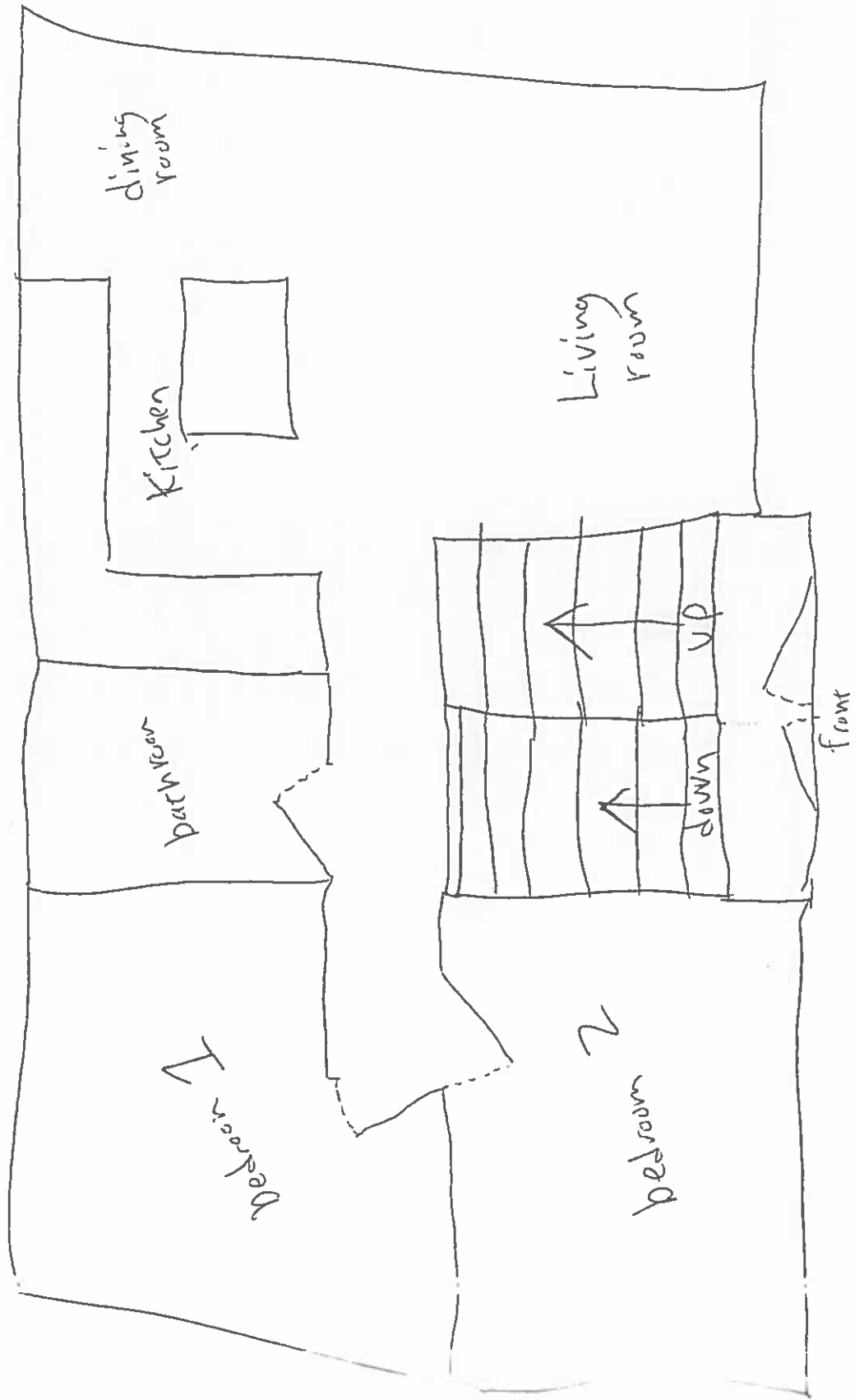
Application fee, **NON-REFUNDABLE**: \$100 plus \$130 per unit 140.⁰⁰ 5-7-19

The foregoing application was _____ approved _____ disapproved at a meeting of the Garden City Town Council held on _____ day of _____, 20 ____.

605 W. Dee Dr,
Downstairs



605 W. Dee Dr.
Upstairs



Bryan Reilly (AP Vacasa)
605 West Dee Dr, Garden City, UT
Site Plan



SHORT TERM/NIGHTLY RENTALS INSPECTION CHECKLIST

Address: 605 Dee Dr Garden City, Utah

Date of inspection: 5-29-19

Owner: John B. Kelly

Property Management: Vacasa

Contact Name: Jeff

Contact Phone #: 801-250-7419

Safety Inspections:		Time limit to correct
Handrails/Guardrails	OK	
Outdoor lights	OK	
Entry lights	OK	
Water shut off	OK	
Breaker box labeled	OK	
Gas shut off	OK	
Hot water heater	Else OK	
Furnace	OK	
Water working	OK	
Kitchen sink	OK	
Fire Extinguishers	OK	
Electrical outlet plates	OK	
Check address on unit	OK	
Other:		

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: VACASA

Inspection Date: 5-25-19

Business Address: 605 W. ~~DEE~~ DR.

Suite: _____ Business Phone: _____

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

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



GARDEN CITY SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: ~~Vacasa LLC~~ Vacasa
Owner or Property Management Company Address: 605 W. Logan Rd. Garden City, UT. Suite #10
Owner or Property Management Company Phone #: Terri Bennett 435-213-0311
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) Joey Strickling 801-856-7419
Contact Persons E-mail address: Terri Bennett terri.bennett@vacasa.com
Utah State Tax Number: (must be registered to Garden City) 13905689-003-STC

The following information and documentation shall be contained in the application and provided to the Clerk:

- ☒ A. Completed Application signed by the Owner.
- ☒ B. Proof of Ownership for each unit.
- ☒ C. Site Plan drawn to scale for each unit, including the parking area with each parking space mapped out.
- ☒ D. Proof of valid insurance for each unit being licensed for short term rentals.
- ☒ E. Floor plan drawn to scale with dimensions.
- ☐ F. Zone designation and street address for each unit.
- ☐ G. If direct vehicular access from the Property to a public street is not shown on the Site Plan, the Application must include a Temporary Access Easement from the owners of each property over which vehicles must pass to access the Property. All Temporary Access Easements shall be signed and notarized by the owner or owners of the property or properties granting the Temporary Access Easements. Upon the termination of any Temporary Access Easement, it shall be the responsibility of the Owner to obtain a new Temporary Access Easement from the new property owner. Failure to obtain a replacement Temporary Access Easement shall be cause for termination of the License.

- H. Copies of currently valid Town and State Sales Tax collection and accounting numbers in the name of the Owner or the Property Management Company.
- I. The name, address, and contact information including a 24-hour contact phone number for the person at the Property Management Company managing the Property; or, if there is no Property Management Company, the name, address and contact information, including a 24-hour contact phone number, of a person living with 15 minutes of the property(s), who may be the Owner or Owner's Agent, and who can be contacted in the event of an emergency.
- J. Inspection by the Garden City Building Inspector and Garden City Fire Chief.
- K. A signed acknowledgement on the application, that the Owner, Property Management Company, and/or Owner's agent, if any, have read all of the Town's regulations pertaining to the operation of a Short Term Rental.
- L. The Owner shall sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations. If there is a Property Management Company or other agent of the Owner managing the Short Term Rental, the agent or an authorized officer of the Property Management Company, or both, shall also sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations.

Fill out one section for each location you are renting: (you may need to fill out a second application for more locations).

Parcel ID: 41-17-130-0404

Owner of Property: R&A Real Estate Investments and Advisors LLC	Owners Phone #: 801-910-7406
Address of Property: 930 North Newberg #4 Garden City Utah 84028	Subdivision or resort where property is located: Harbor Village
Owners mailing address: 11928 Scenic Cove Riverton Utah 84096	

Owner of Property:	Owners Phone #:
Address of Property:	Subdivision or resort where property is located:
Owners mailing address:	

As the Owner/Property Management Company for the above listed properties I understand that I am responsible for:

- i. The Owner or Property Management Company, or other agent of Owner shall:
 - a. mail or provide directly to the party signing any rental agreement or reserving the Property a copy of all Short Term Rental rules and regulations as soon as possible, but no later than 10 days after reserving the Property; and

I understand that this license does not preclude me from following the appropriate Homeowner Association CC&R's and obtaining approval from the appropriate Homeowner Association for each unit, prior to commencing any rental. I further understand that not all subdivisions within the Garden City limits allow short term rentals and my unit may be located within one such subdivision.

Incomplete applications will not be accepted.

DocuSigned by:
Roshelle Rhinodian
A5E7ADBA2DC040C

Signature of the Owner of property

31-May-2019

Date

DocuSigned by:
Jody Hardesty
545B2AEBD24749D

Signature of Property Management Company

31-May-2019

Date

[Signature]

Signature of Contact Person

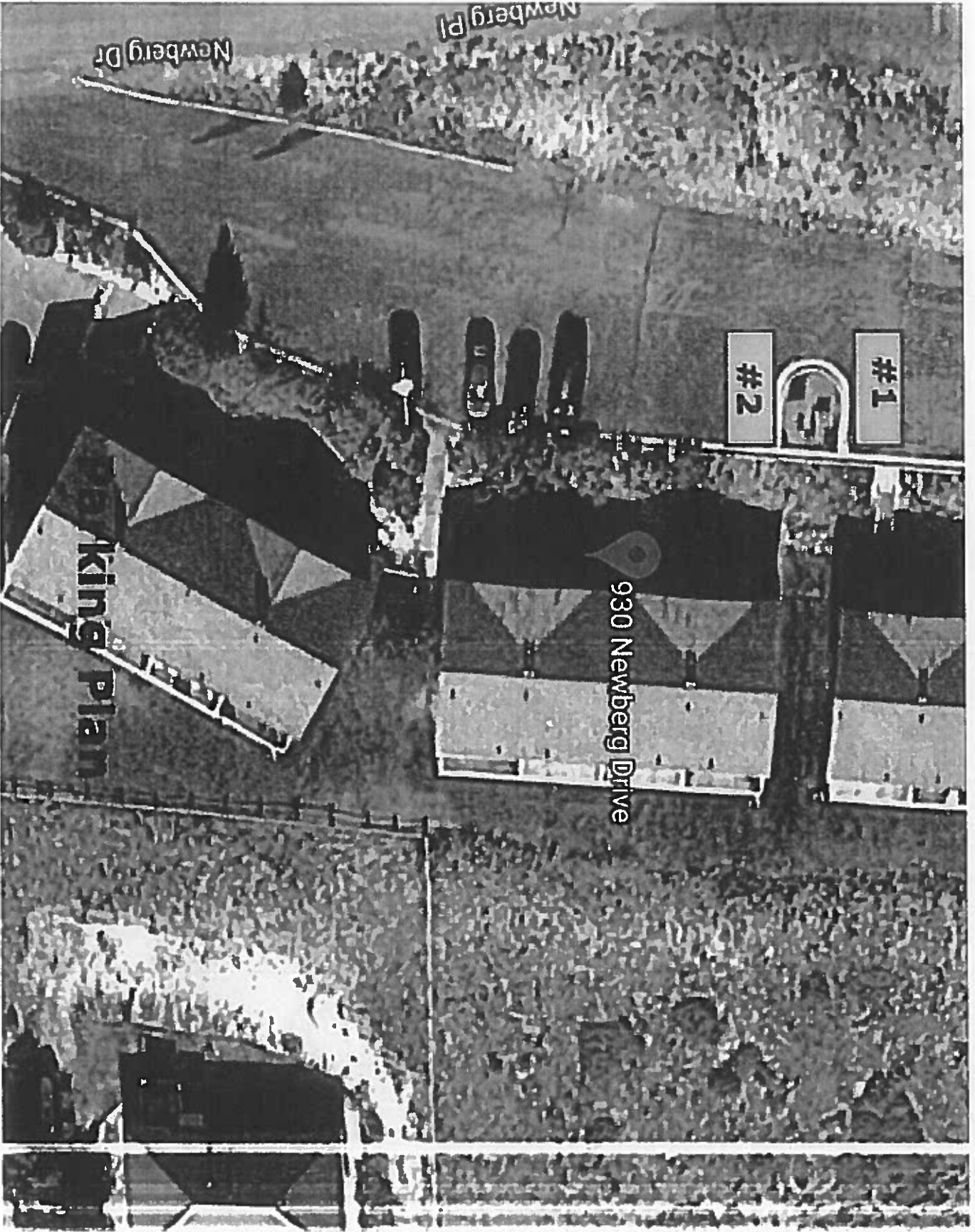
6/8/19

Date

Application fee, **NON-REFUNDABLE**: \$100 plus \$130 per unit

pd 240.⁰⁰
6-12-19

The foregoing application was _____ approved _____ disapproved at a meeting of the Garden City Town Council held on _____ day of _____, 20 ____.

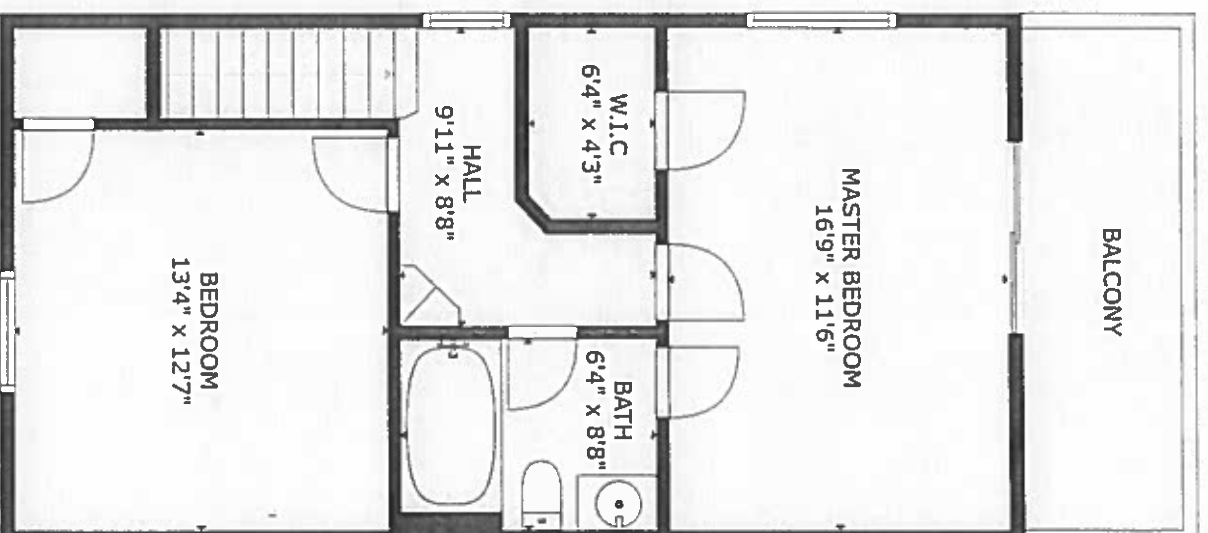


Newberg Pl
Newberg Dr

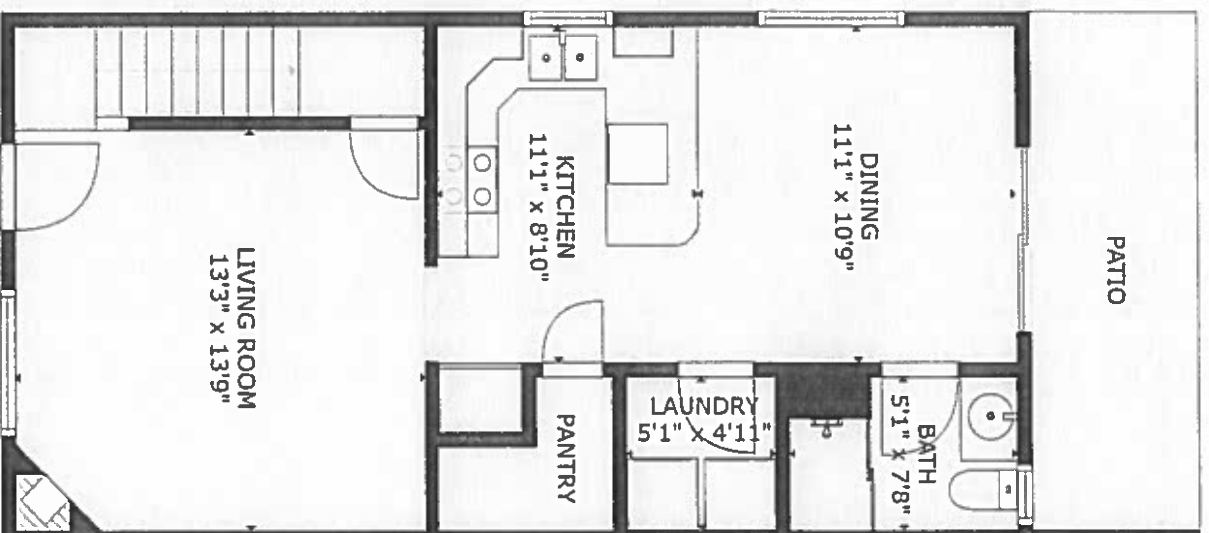
#2
#1

King Plan

930 Newberg Drive



GROSS INTERNAL AREA
FLOOR 1: 562 sq ft, FLOOR 2: 562 sq ft
TOTAL: 1124 sq ft
SIZES AND DIMENSIONS ARE APPROXIMATE, ACTUAL MAY VARY



GROSS INTERNAL AREA

FLOOR 1: 562 sq ft, FLOOR 2: 562 sq ft

TOTAL: 1124 sq ft

SIZES AND DIMENSIONS ARE APPROXIMATE, ACTUAL MAY VARY.

SHORT TERM/NI GENEY RENTALS INSPECTION CHECKLIST

Address: 930 N Newberg #4
 Date of inspection: 1/2/2014
 Owner: Abraham & Rachel Rodial
 Property Management:
 Contact Name: Vacast
 Contact Phone #: 435-760-6634

Safety Inspections:		Time limit to correct
Handrails/Guardrails	OK	
Outdoor lights	OK	
Entry lights	OK	
Water shut off	✓	
Breaker box labeled	✓	
Gas shut off	✓ main for whole Building	
Hot water heater	✓	
Furnace	✓	
Water working	✓	
Kitchen sink	✓	
Fire Extinguishers	✓	
Electrical outlet plates	✓	
Check address on unit		
Other:		

FOUR TERM/NIGHTLY VARIANCE INSPECTION GILGAKHISTAN (page 2)

Address:

Date of inspection:

Inspector:

Property Management:
Master

Occupying Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
1st	13x13	11.5x16.5								
2nd	169	190	359 + 184							
3rd										
4th										
5th										
6th										
7th										
8th										
9th										
10th										
11th										
12th										
13th										
14th										
15th										
16th										
17th										
18th										
19th										
20th										
21st										
22nd										
23rd										
24th										
25th										
26th										
27th										
28th										
29th										
30th										
31st										
32nd										
33rd										
34th										
35th										
36th										
37th										
38th										
39th										
40th										
41st										
42nd										
43rd										
44th										
45th										
46th										
47th										
48th										
49th										
50th										
51st										
52nd										
53rd										
54th										
55th										
56th										
57th										
58th										
59th										
60th										
61st										
62nd										
63rd										
64th										
65th										
66th										
67th										
68th										
69th										
70th										
71st										
72nd										
73rd										
74th										
75th										
76th										
77th										
78th										
79th										
80th										
81st										
82nd										
83rd										
84th										
85th										
86th										
87th										
88th										
89th										
90th										
91st										
92nd										
93rd										
94th										
95th										
96th										
97th										
98th										
99th										
100th										

Total Occupancy allowed at this address: 7, shall include children under the age of three (3).

Minimum parking required at this address: 2. Total number of parking spots on Property: 2. All vehicles include: motor vehicles, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Inspector:

Date:

Inspector:

Owner/Property Manager:

6-5-19

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: VACASA

Inspection Date: 6-20-19

Business Address: 930 N. NOWBORG

Suite: # 4

Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared
ACCESS-				
1	☒ Maintain fire lane free of obstructions			/ /
2	☐ Provide address numbering which is visible from street			/ /
3	☐ Provide supra box for fire dept. access			
EXITING				
4	☒ Remove obstructions at exits, doors, aisles, corridors, stairways, etc.			/ /
5	☐ Exit door to open without a key or any special knowledge or effort			
6	☐ Provide sign over main exit door(s)			/ /
7	☐ Repair non-operable exit door hardware			/ /
8	☐ Remove obstructions from door required to be closed			
9	☐ Remove locks & latches from doors with panic hardware			/ /
10	☐ Remove storage from attic, under-floor and concealed spaces			
11	☐ Provide/maintain exit sign/emergency lighting			/ /
FIRE EXTINGUISHERS				
12	☒ Have fire extinguisher serviced and tagged			/ /
13	☐ Provide/mount fire extinguisher as indicated			
14	☐ Provide clear access to fire extinguisher			/ /
15	☐ Post a sign indicating fire extinguisher location			
16	☐ Maintain 3 foot clearance for access/use of fire appliances/equipment			/ /
FIRE PROTECTION SYSTEMS				
17	☐ Ensure all system control valves in the open position	PASS		
18	☐ Replace damaged, corroded or painted sprinkler heads/department connection (FDC) caps			
19	☐ Provide annual certification for sprinkler/standpipe system	Re-inspection dates	Inspector	
20	☐ Provide sprinkler coverage in unprotected areas	1 st	/ /	
21	☐ Provide spare sprinkler heads and/or compatible wrench			
22	☐ Provide and duct extinguishing system to be serviced and tagged	2 nd	/ /	
23	☐ Remove grease from hood, duct, and filters (keep clean)			
FIRE ALARM SYSTEMS				
24	☒ Inspect, repair, inspect, and/or test fire alarm system	Refer to FPB	/ /	
FIRE SEPARATIONS				
25	☒ Repair holes in required fire resistive construction	3 rd	/ /	
26	☒ Repair self or automatic closing fire rated assemblies	Hearing	/ /	
ELECTRICAL				
27	☒ Discontinue use of extension cords	District attorney	/ /	
28	☐ Install permanent wiring for fixed or stationary appliance			
29	☐ Provide cover plates for all junction boxes	Final clearance	/ /	
30	☐ Remove exposed wiring or protect in approved conduit			
31	☐ Provide a clear work space at all electrical panels (30" in width, 36" in depth and 76" in height) Remove exposed wiring or protect in approved conduit			
32	☒ Labeling electrical rooms and breaker			
FLAMMABLE LIQUIDS - COMPRESSED GASES				
33	☒ Provide flammable liquid storage cabinet or reduce storage	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 _____ BY ORDER OF THE FIRE CHIEF SIGNATURE OF DECISION: ____ Owner ____ manager ____ employee ____ owner		
34	☐ Remove all fueled vehicles or equipment from buildings			
35	☐ Secure compressed gas cylinders			
STORAGE - HOUSEKEEPING				
36	☒ Arrange storage in an orderly manner to provide access/egress			
37	☐ Remove combustible storage from boiler, mechanical, or electrical rooms			
38	☐ Reduce storage to 24" below ceiling or 18" from sprinkler heads			
39	☐ Provide approved metal container from oily rag storage			
40	☐ Remove waste & rubbish material from the premises daily			
41	☐ Maintain detector 5' or less from ceiling			
42	☐ Clean area from ignition sources			
MISCELLANEOUS				
43	☐ Other violations and comments			
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE Inspection Officer: <u>[Signature]</u> FPR _____ COMPANY _____ Shift _____ Page _____ of _____				

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



2176 S. B.L. Blvd.
#444

GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: <u>Ideal Beach Master Association</u>
Owner or Property Management Company Address: <u>2176 S Bear Lake Blvd</u>
Owner or Property Management Company Phone #: <u>435-946-3364</u>
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) <u>Lexi Malm 208-390-5766</u>
Contact Persons E-mail address: <u>lexi.sermon@idealbeachresort.net</u>
Utah State Tax Number: (must be registered to Garden City)

The following information and documentation shall be contained in the application and provided to the Clerk:

- ☒ A. Completed Application signed by the Owner.
- ☒ B. Proof of Ownership for each unit.
- ☒ C. Site Plan drawn to scale for each unit, including the parking area with each parking space mapped out.
- ☒ D. Proof of valid insurance for each unit being licensed for short term rentals.
- ☒ E. Floor plan drawn to scale with dimensions.
- F. Zone designation and street address for each unit.
- G. If direct vehicular access from the Property to a public street is not shown on the Site Plan, the Application must include a Temporary Access Easement from the owners of each property over which vehicles must pass to access the Property. All Temporary Access Easements shall be signed and notarized by the owner or owners of the property or properties granting the Temporary Access Easements. Upon the termination of any Temporary Access Easement, it shall be the responsibility of the Owner to obtain a new Temporary Access Easement from the new property owner. Failure to obtain a replacement Temporary Access Easement shall be cause for termination of the License.

- II. Copies of currently valid Town and State Sales Tax collection and accounting numbers in the name of the Owner or the Property Management Company.
- I. The name, address, and contact information including a 24-hour contact phone number for the person at the Property Management Company managing the Property; or, if there is no Property Management Company, the name, address and contact information, including a 24-hour contact phone number, of a person living within 15 minutes of the property(s), who may be the Owner or Owner's Agent, and who can be contacted in the event of an emergency.
- J. Inspection by the Garden City Building Inspector and Garden City Fire Chief.
- K. A signed acknowledgement on the application, that the Owner, Property Management Company, and/or Owner's agent, if any, have read all of the Town's regulations pertaining to the operation of a Short Term Rental.
- L. The Owner shall sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations. If there is a Property Management Company or other agent of the Owner managing the Short Term Rental, the agent or an authorized officer of the Property Management Company, or both, shall also sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations.

Fill out one section for each location you are renting: (you may need to fill out a second application for more locations).

Owner of Property: <u>Mike Atkinson</u>	Owners Phone #: <u>208-760-9340</u>
Address of Property: <u>2760 S. Bear Lake Blvd #444</u>	Subdivision or resort where property is located: <u>Ideal Beach Resort</u>
Owners mailing address: <u>538 N. 300 W.</u>	<u>Malad, ID 83252</u>

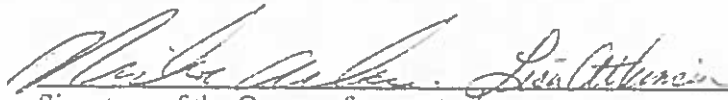
Owner of Property:	Owners Phone #:
Address of Property:	Subdivision or resort where property is located:
Owners mailing address:	

As the Owner/Property Management Company for the above listed properties I understand that I am responsible for:

- I. The Owner or Property Management Company, or other agent of Owner shall:
 - a. mail or provide directly to the party signing any rental agreement or reserving the Property a copy of all Short Term Rental rules and regulations as soon as possible, but no later than 10 days after reserving the Property; and

I understand that this license does not preclude me from following the appropriate Homeowner Association CC&R's and obtaining approval from the appropriate Homeowner Association for each unit, prior to commencing any rental. I further understand that not all subdivisions within the Garden City limits allow short term rentals and my unit may be located within one such subdivision.

Incomplete applications will not be accepted.


Signature of the Owner of property

6-6-2019 / 6/4/2019
Date

Signature of Property Management Company

Date


Signature of Contact Person

5.29.19
Date

Application fee, **NON-REFUNDABLE**: \$100 plus \$130 per unit

pd 140.00

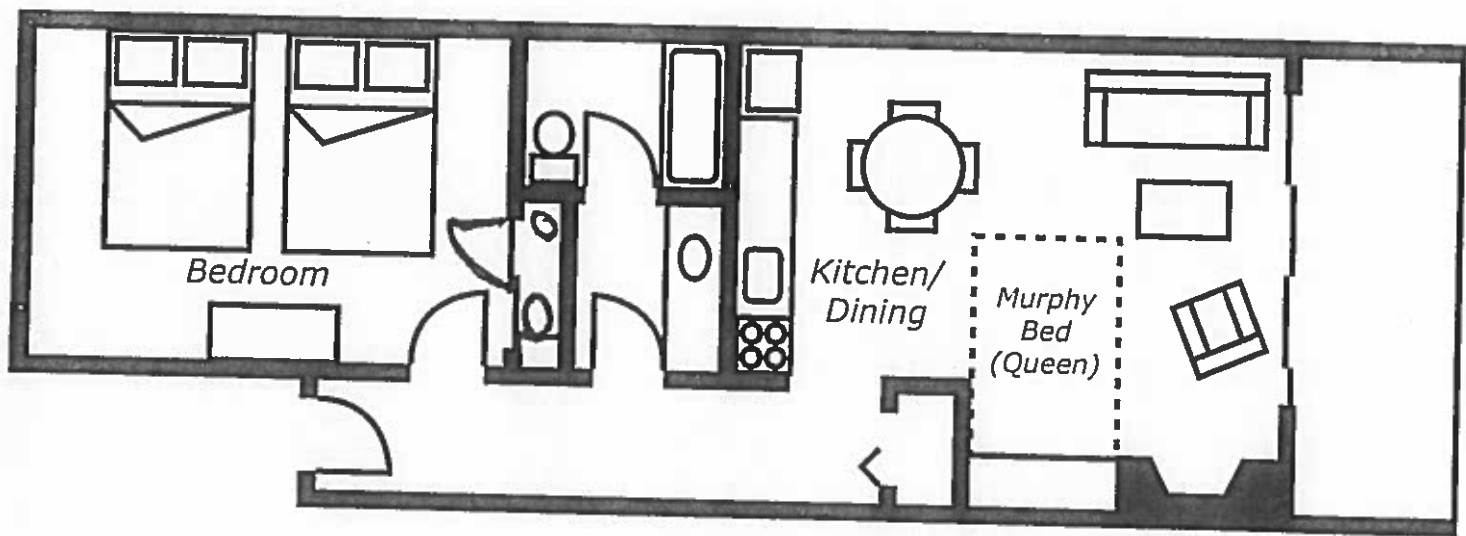
The foregoing application was _____ approved _____ disapproved at a meeting of the Garden City Town Council held on _____ day of _____, 20 ____.



family.
tradition.
memories.

UNIT INFORMATION SHEET

UNIT: General 1bedroom/1bath layout



For Unit 444

This unit Sleeps up to: 6 people
Approximate Square Footage: 600
Number of Bedrooms: 1
Number of Bathrooms: 1
Levels: 1

Contact Us:

We would love to hear from you!

Address:
Ideal Beach Resort
2176 S. Bear Lake Blvd.
Garden City, UT 84028

Phone:
1 (800) 634-1018
1 (435) 946-3364

Email:
info@idealbeachresort.com

Web:
www.idealbeachresort.com

Also find us on:



TO GARDEN CITY, UT
LOGAN, UT



family.
tradition.
memories.

Directions

From Salt Lake City, Utah -

Take I-15 North to Exit 362
US-91/US-89/I100 South.

Take the ramp toward
Brigham City/Logan and
continue through Brigham City
and follow US-91 into Logan.

Turn Right onto 400 N/US-89
and continue to follow US-89
through Logan Canyon.

In Garden City, turn Right onto
US-89 and you arrive at
Ideal Beach Resort
2176 S. Bear Lake Boulevard

ACCOMMODATIONS	MAP SECTOR
Building A (400-411)	2a
Building B (412-423)	2b
Building C (100-184)	2c
Building D (424-435)	2d
Building E (185-196)	2e
Building F (436-459)	3d
Building G (160-168)	3e
Building H (117, H3-17)	3f
Building I (203-272)	3g
Building J (273-295)	3h
Building K (296-355)	3i
Building L (House)	3j
Building M (Houses 1-6)	3k
Building N (175-435)	3l
Building O (195-203)	3m
AMENITIES	MAP SECTOR
Resort Office	3e
The Store	3d
Center Pool	3c
East Pool	3b
Miniature Golf	3a
Indoor Courts	3h
Outdoor Courts	3g
Activity Center	3f
Beach Activity Rentals	3e
West Coin-Op Laundry	3d
Fire Pits	4h
Fitness Center	3h
Reunion Center	3h
Bear Lake Timeshare	3h
Recreation Hall	3h



SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: *Idol Beach 449*

Date of inspection:

Owner: *Mike Atkinson*

Property Management:

Contact Name:

Contact Phone #:

Safety Inspections:		Time limit to correct
Handrails/Guardrails	<i>OK</i>	
Outdoor lights	<i>OK</i>	
Entry lights	<i>OK</i>	
Water shut off	<i>OK</i>	
Breaker box labeled	<i>OK</i>	
Gas shut off	<i>OK</i>	
Hot water heater	<i>OK</i>	
Furnace	<i>OK</i>	
Water working	<i>OK</i>	
Kitchen sink	<i>OK</i>	
Fire Extinguishers	<i>OK</i>	
Electrical outlet plates	<i>OK</i>	
Check address on unit	<i>OK</i>	
Other:		

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

Address:

Date of inspection:

Owner:

Property Management:

Liv Rm Rd Prop

ceping room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
1 Fl.	13x15	10x5x14.5								
2nd floor	195	173	101							
Acquired window(s)										
Smoke detector										
total sq. ft.										

Let Occupancy allowed at this address: 7, shall not include children under the age of three (3).

Minimum parking required at this address: 2. Total number of parking spots on Property 2. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signature:

Date:

Inspector:

Owner/Property Manager:

6-28-19
6-28-19

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: IDEAL BEACH

Inspection Date: 6-17-19

Business Address: 2176 S. BEAR LAKE BLVD Suite 111 Business Phone: _____

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

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



GARDEN CITY
SHORT TERM RENTAL APPLICATION

Aqua Marine

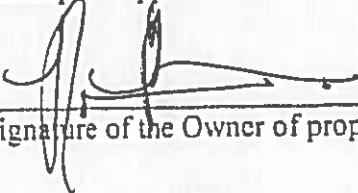
Owner or Property Management Company Name: <i>Lodge At Bear Lake Holdings LLC</i>
Owner or Property Management Company Address: <i>10 S Bear Lake Blvd Box 361 Garden City, Ut 84028</i>
Owner or Property Management Company Phone #: <i>435-757-6278</i>
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) <i>Norm Mecham</i>
Contact Persons E-mail address: <i>nmecham@bearlake.com</i>
Utah State Tax Number: (must be registered to Garden City) <i>14641471-003</i>

183 S. Blue Topaz Lane

Owner of Property: <i>Lodge at Bear Lake Holdings LLC</i>	Address of STR Property: <i>185 S 100 W #A</i>
Owners Phone #: <i>435-757-6278</i>	Parcel ID Number: <i>41-21-400-0271</i>
Owners mailing address: <i>Box 361 Garden City, Ut 84028</i>	Subdivision or resort where property is located: <i>NA</i>
Owners e-mail address: <i>nmecham@bearlake.com</i>	

I understand that this license does not preclude me from following the appropriate Homeowner Association CC&R's and obtaining approval from the appropriate Homeowner Association for each unit, prior to commencing any rental. I further understand that not all subdivisions within the Garden City limits allow short term rentals and my unit may be located within one such subdivision.

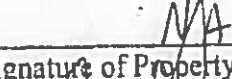
Incomplete applications will not be accepted.



Signature of the Owner of property

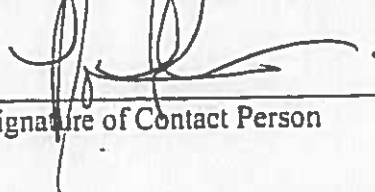
5/1/19

Date



Signature of Property Management Company

Date



Signature of Contact Person

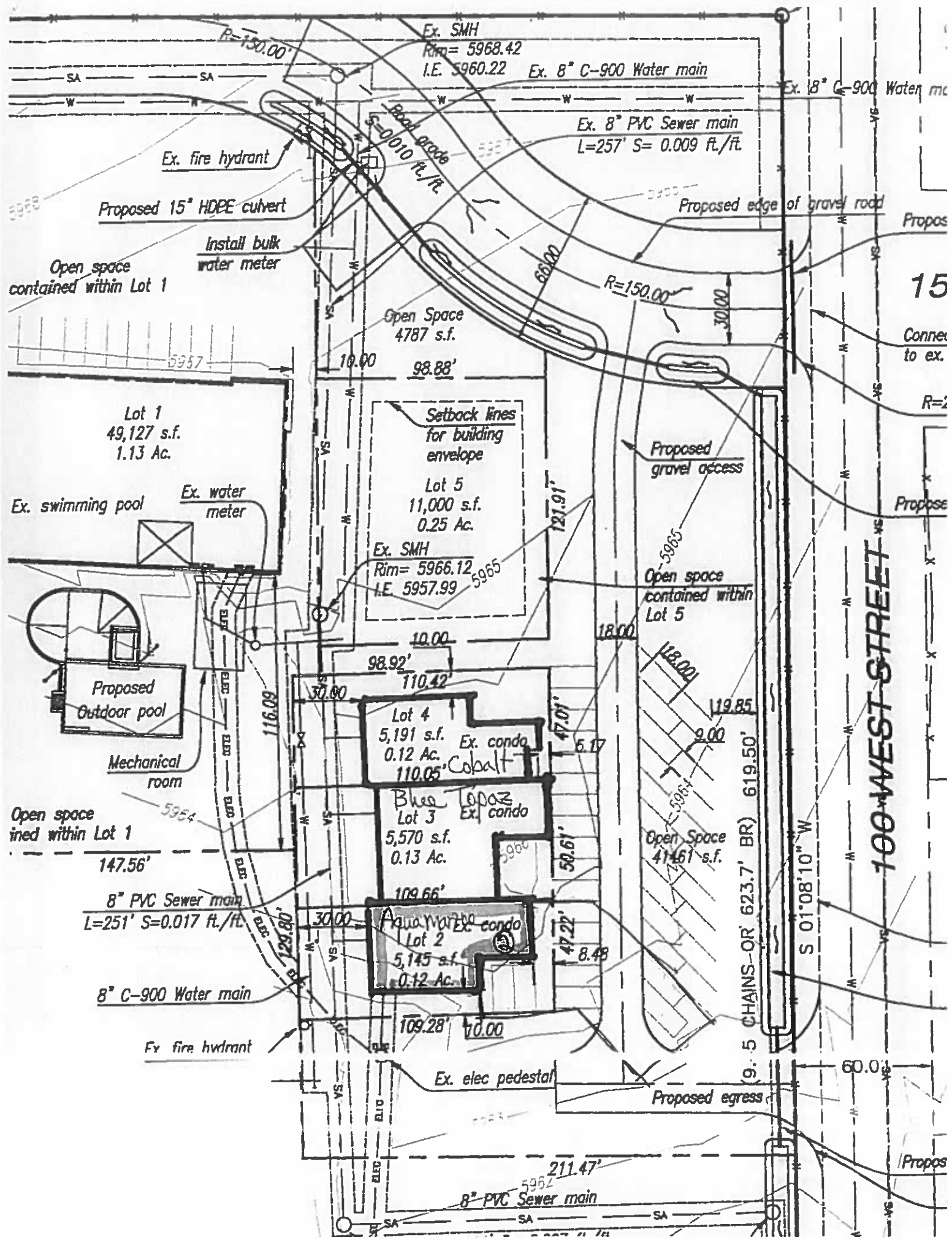
5/1/19

Date

Application fee, NON-REFUNDABLE: \$100 plus \$140 per unit

\$520.00
Pd 140.00
5-1-19

The foregoing application was _____ approved _____ disapproved at a meeting of the Garden City Town Council held on _____ day of _____, 20 ____.



15

100 WEST STREET

9.5 CHAINS OR 623.7' BR 619.50'

S 01°08'10" W

5/1/2019

Aquamarine Unit - Sleeps 26 - WaterDance Bear Lake

[Home](#)

[All Availability](#)

[About Us / FAQs](#)

[Amenities](#)

[Floor Plans](#)

[Real Estate](#)

[Smaller Accommodations](#)

[Contact Us](#)

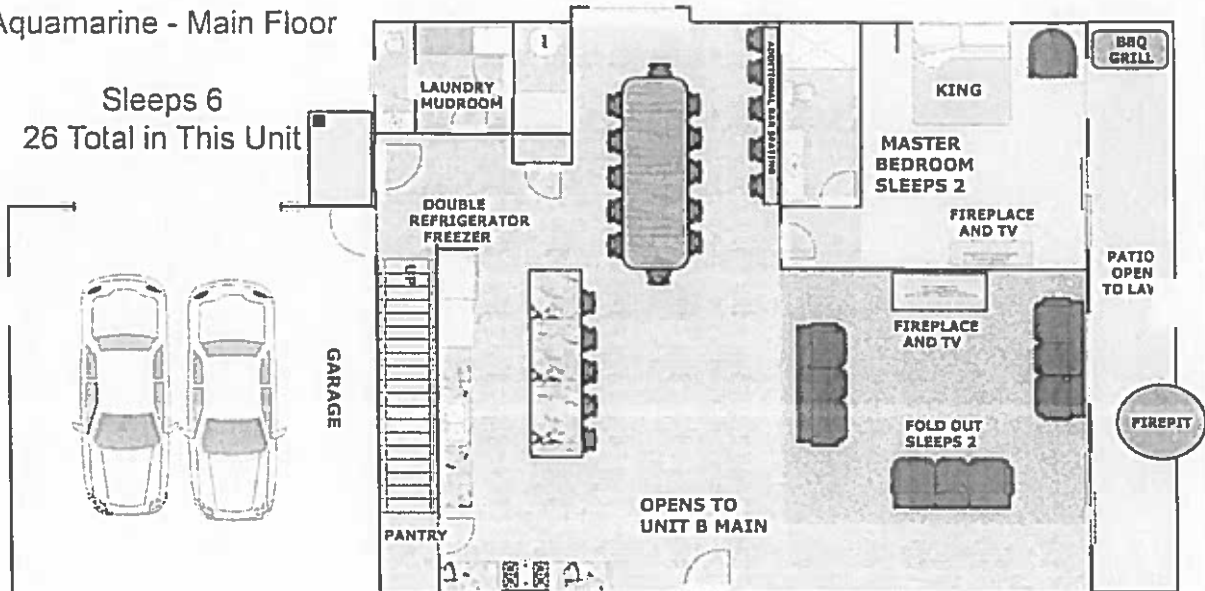
Aquamarine Unit - Sleeps 26

6 Bedrooms | 4.5 Bathrooms | House in Garden City

from \$999 per /nt

Aquamarine - Main Floor

Sleeps 6
26 Total in This Unit



Property Description

Aquamarine Unit is fully furnished, that sleeps 26+ with 3330 sq ft, 6 bedrooms, 4 1/2 baths, 5 fireplaces, patio with fire pit, 2 large great rooms, double car garage. Can be combined with Blue Topaz Unit.

Property Details

Waterdance Bear Lake! New development with private indoor waterpark featuring lazy river, children's play area, fan lanes, slides, heated and open year round. Located in the heart of Garden City at Bear Lake, within walking distance, via bike path, to shops and beach with easy access to trails leading to mountains. Great investment opportunity for short term rentals with onsite management. Triplex end unit, fully furnished, that sleeps 22+ with 3330 sq ft, 6 bedrooms, 4 1/2 baths, 5 fireplaces, patio with fire pit, 2 large great rooms, double car garage.

5/1/2019

Aquamarine Unit - Sleeps 26 - WaterDance Bear Lake

[Home](#)

[All Availability](#)

[About Us / FAQs](#)

[Amenities](#)

[Floor Plans](#)

[Real Estate](#)

[Smaller Accommodations](#)

[Contact Us](#)

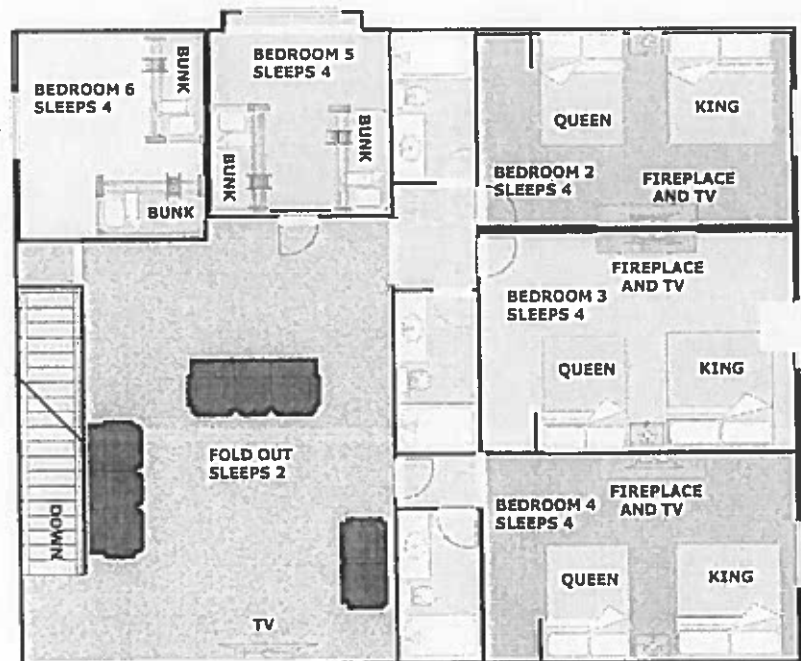
Aquamarine Unit - Sleeps 26

6 Bedrooms | 4.5 Bathrooms | House in Garden City

from \$999 per /nt

Aquamarine - 2nd Floor

Sleeps 20
26 Total in This Unit



Property Description

Aquamarine Unit is only one of many units available at WaterDance Bear Lake. This unit is a triplex end unit, fully furnished, that sleeps 22+ with 3330 sq ft, 6 bedrooms, 4 1/2 baths, 5 fireplaces, patio with fire pit, 2 large great rooms, double car garage. Can be combined with Blue Topaz Unit.

Property Details

Waterdance Bear Lake: New development with private indoor waterpark featuring lazy river, children's play area, lap lanes, slides, heated and open year round. Located in the heart of Garden City, at Bear Lake, within walking distance, via bike path, to shops and beach with easy access to trails leading to mountains. Great investment opportunity for short term rentals with onsite management. Triplex end unit, fully furnished, that sleeps 22+ with 3330 sq ft, 6 bedrooms, 4 1/2 baths, 5 fireplaces, patio with fire pit, 2 large great rooms, double car garage.

SHORT TERM/UNLICENSED MARINE INSPECTION CHECKLIST

Address: *1855. 100th* **A** *Aqua Marine*

Date of inspection: *6-4-19*

Owner: *Nor n. Mckel*

Property Management:

Contact Name:

Contact Phone #:

Safety Inspections:		Time limit to correct
Handrails/Guardrails	✓	
Outdoor lights	✓	
Bulb/lights	✓	
Water shut off	✓	
Breaker box labeled	✓	
Gas shut off	✓	
Hot water heater	✓	
Furnace	✓	
Water working	✓	
Kitchen sink	✓	
Fire Extinguishers	✓	
Electrical outlet plates	✓	
Check address on unit	✓	
Other:		

PORT THERM/NIGHTHAWK INSPECTION NIGHT CLOSING (page 2)

Address:

Date of inspection:

Owner:

Property Management:

Occupying Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
1 ft.	20x19.5	14.5x16	17.5x22	18.5x14.5	10.5x10	18x12	18.5x11.5	13x10.5		
Kit	/	/	/	/	/	/	/	/		
Equipped	/	/	/	/	/	/	/	/		
Window(s)	/	/	/	/	/	/	/	/		
Smoke detector	/	/	/	/	/	/	/	/		
Total sq. ft.	390	232	385	213	105	212	213	136		1882 Total

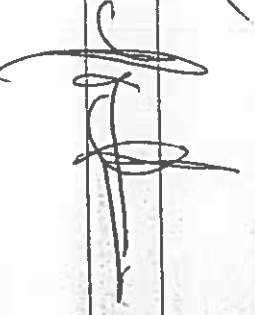
Total Occupancy allowed at this address: 37, shall not include children under the age of 18 (3).

Minimum parking required at this address: 10 Total number of parking spaces on Property 10. All vehicles in the trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Inspector:

Date:

Owner/Property Manager:

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: NORM MICHAM

Inspection Date: 6-19-19

Business Address: 183 S. BLUE TOPAZ LANE Suite: _____ Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared
ACCESS-				
1	OK Maintain fire lane free of obstructions			/ /
2	Provide address numbering which is visible from street			/ /
3	Provide supra box for fire dept. access			
EXITING				
4	OK Remove obstructions at exits, doors, aisles, corridors, stairways, etc.			/ /
5	Exit door to open without a key or any special knowledge or effort			
6	Provide sign over main exit door(s)			/ /
7	Repair non-operable exit door hardware			/ /
8	Remove obstructions from door required to be closed			
9	Remove locks & latches from doors with panic hardware			/ /
10	Remove storage from attic, under-floor and concealed spaces			
11	Provide/maintain exit sign/emergency lighting			/ /
FIRE EXTINGUISHERS				
12	OK Have fire extinguisher serviced and tagged			/ /
13	Provide/mount fire extinguisher as indicated			
14	Provide clear access to fire extinguisher			/ /
15	Post a sign indicating fire extinguisher location			
16	Maintain 3 foot clearance for access/use of fire appliances/equipment			/ /
FIRE PROTECTION SYSTEMS				
17	Secure all system control valves in the open position	PASSED		
18	Replace damaged, corroded or painted sprinkler heads/ Fire department connection (FDC) caps			
19	Provide annual certification for sprinkler/standpipe system			
20	Provide sprinkler coverage in unprotected areas			
21	Provide spare sprinkler heads and/or compatible wrench			
22	Hood and duct extinguishing system to be serviced and tagged	2 nd	/ /	
23	Remove grease from hood, duct, and filters (keep clean)			
FIRE ALARM SYSTEMS				
24	OK Maintain, repair, inspect, and/or test fire alarm system	Refer to FFB	/ /	
FIRE SEPARATIONS				
25	OK Repair holes in required fire resistive construction	3 rd	/ /	
26	OK Provide/repair self or automatic closing fire rated assemblies	Hearing	/ /	
ELECTRICAL				
27	OK Discontinue use of extension cords	District attorney	/ /	
28	Install permanent wiring for fixed or stationary appliance			
29	Provide cover plates for all junction boxes	Final clearance	/ /	
30	Remove exposed wiring or protect in approved conduit			
31	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	Labeling electrical rooms and breaker			
FLAMMABLE LIQUIDS - COMPRESSED GASES				
33	OK Provide flammable liquid storage cabinet or reduce storage	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.		
34	Remove all fueled vehicles or equipment from buildings			
35	Secure compressed gas cylinders			
STORAGE - HOUSEKEEPING				
37	Remove combustible storage from boiler, mechanical, or electrical rooms	BY ORDER OF THE FIRE CHIEF _____ FIRE CHIEF Owner _____ manager _____ employee _____ other _____		
38	Reduce storage to 24" below ceiling or 18" from sprinkler heads			
41	OK Remove combustibles from boiler, mechanical, or electrical rooms			
42	OK Remove combustibles from junction boxes			
MISCELLANEOUS				
43	Other violations and comments			
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE				
		Inspecting Officer: _____ FPD _____ COMPANY _____ Shift _____ Page _____ of _____		