



GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: <i>Boat House, LLC</i>
Owner or Property Management Company Address: <i>3448 Spring Cir, Morgan UT 84050</i>
Owner or Property Management Company Phone #: <i>801-628-2968</i>
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) <i>Kerry Wayman 801-503-2729</i>
Contact Persons E-mail address: <i>kwayman16@gmail.com</i>
Utah State Tax Number: (must be registered to Garden City) <i>14847640-002-STC</i>

Owner of Property: <i>Nate + Brooke Mueller</i>	Address of STR Property: <i>539 W Raspberry Patch Rd, Garden City, UT 84028</i>
Owners Phone #: <i>801-721-0350</i> <i>801-628-2968</i>	Parcel ID Number: <i>41-17-030-0010</i>
Owners mailing address: <i>3448 Spring Cir Morgan Ut 84050</i>	Subdivision or resort where property is located: <i>Raspberry Patch Estates</i>
Owners e-mail address: <i>pearlakeboathouse@outlook.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.

Brooke Muller
Signature of the Owner of property

5/14/19
Date

Brooke Muller
Signature of Property Management Company

5/14/19
Date

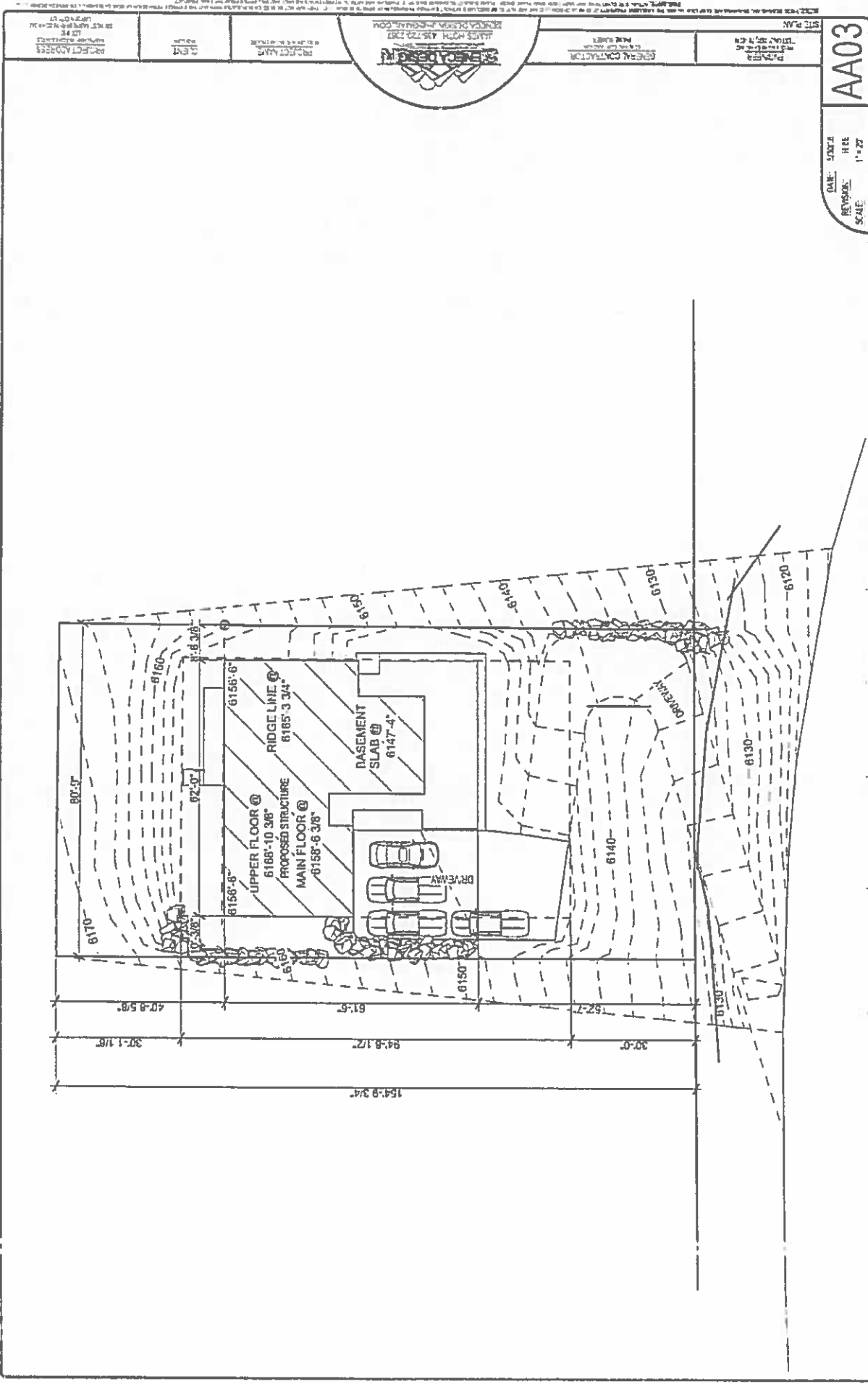
Harry Wapman
Signature of Contact Person

5/21/19
Date

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

pd 240.00
5-14-19

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



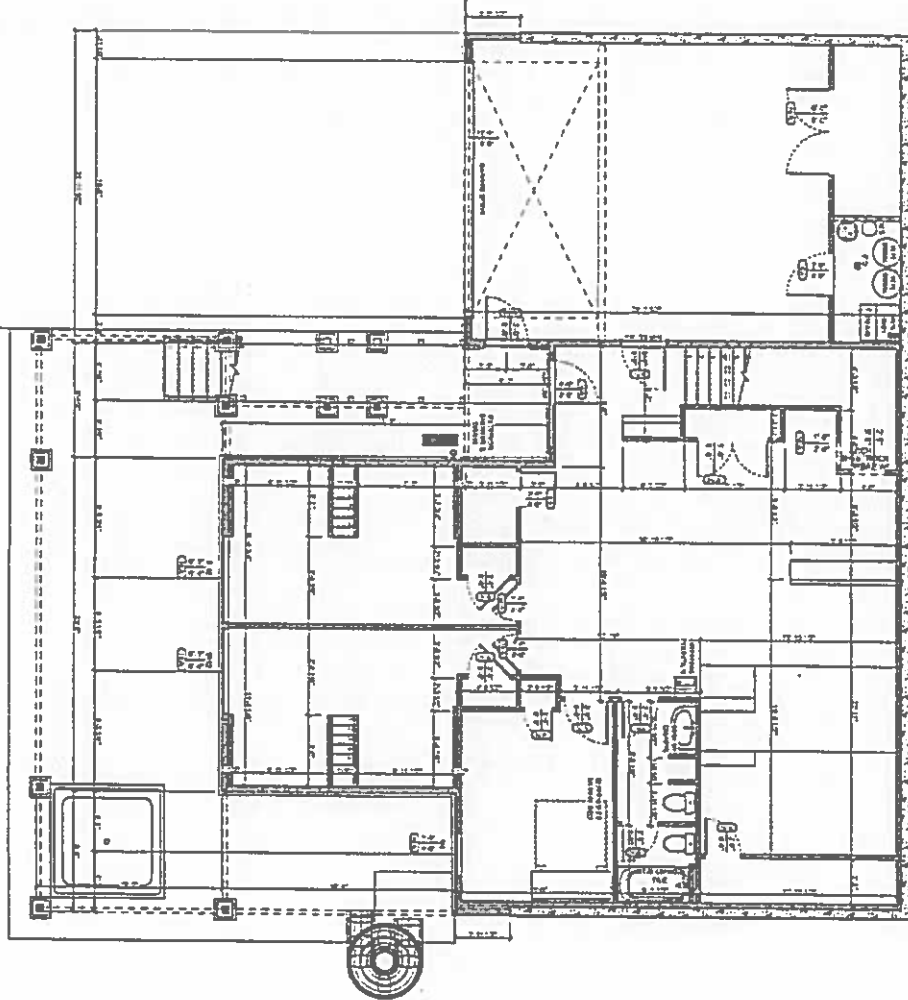
DATE: 11/07/11
REVISION: H 11
SCALE: 1"=27'

AA03

PROJECT ADDRESS 10000 100TH AVE SUITE 100 BURNING WOODS, MN 55305	CLIENT MILLER GROUP	PROJECT NAME MILLER GROUP 10000 100TH AVE SUITE 100 BURNING WOODS, MN 55305	DESIGNER JAMES M. SMITH ARCHITECT 10000 100TH AVE SUITE 100 BURNING WOODS, MN 55305	GENERAL CONTRACTOR MILLER GROUP 10000 100TH AVE SUITE 100 BURNING WOODS, MN 55305	SITE PLAN 10000 100TH AVE SUITE 100 BURNING WOODS, MN 55305
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SQUARE FOOTAGES

UNFINISHED SQUARE FOOTAGE		FINISHED SQUARE FOOTAGE		TOTAL SQUARE FOOTAGE		GARAGE SLAS SQUARE FOOTAGE	
(1) UPPER MECH	13.29	(1) BASEMENT FINISHED	1,629.53	1 - UNFINISHED	13.29	2 CAR GARAGE	681.29
	13.29 sq ft	(2) MAIN FINISHED	2,093.72	2 - FINISHED	4,207.84		681.29 sq ft
		(3) UPPER FINISHED	1,182.29		4,207.84 sq ft		
			4,207.84 sq ft				



FINISHED SQUARE FOOTAGE

CEILING HEIGHTS

(1) UPPER CEILING 8'1 1/2"

(2) MAIN CEILING 8'1 1/2"

(3) BASEMENT CEILING 8'0 1/2"

SEWER/SEPTIC SEWER

DIMENSION NOTE:

ALL EXTERIOR DIMENSIONS ARE TO THE OUTSIDE OF STUD WALL, NOT THE OUTSIDE OF THE SHEATHING.

WINDOW TYPE NOTE

ALL WINDOWS ARE TO BE INSTALLED AS SHOWN ON THIS PLAN. WINDOWS NOTED ON THIS PLAN ARE TO BE INSTALLED AS SHOWN ON THIS PLAN.

KEY TO TYPE

D1 - SINGLE HUNG 8'0 1/2" SLUR

C - CASSETT 8'0 1/2" SLUR

B2 - BRIDGE HUNG (2) 8'0 1/2" SLUR

A - A-WING 8'0 1/2" SLUR

DATE: 11/11/11
REVISION: 1
SCALE: 1/8" = 1'-0"

AA07

OWNER: [Name]
GENERAL CONTRACTOR: [Name]

GENERAL CONTRACTOR: [Name]



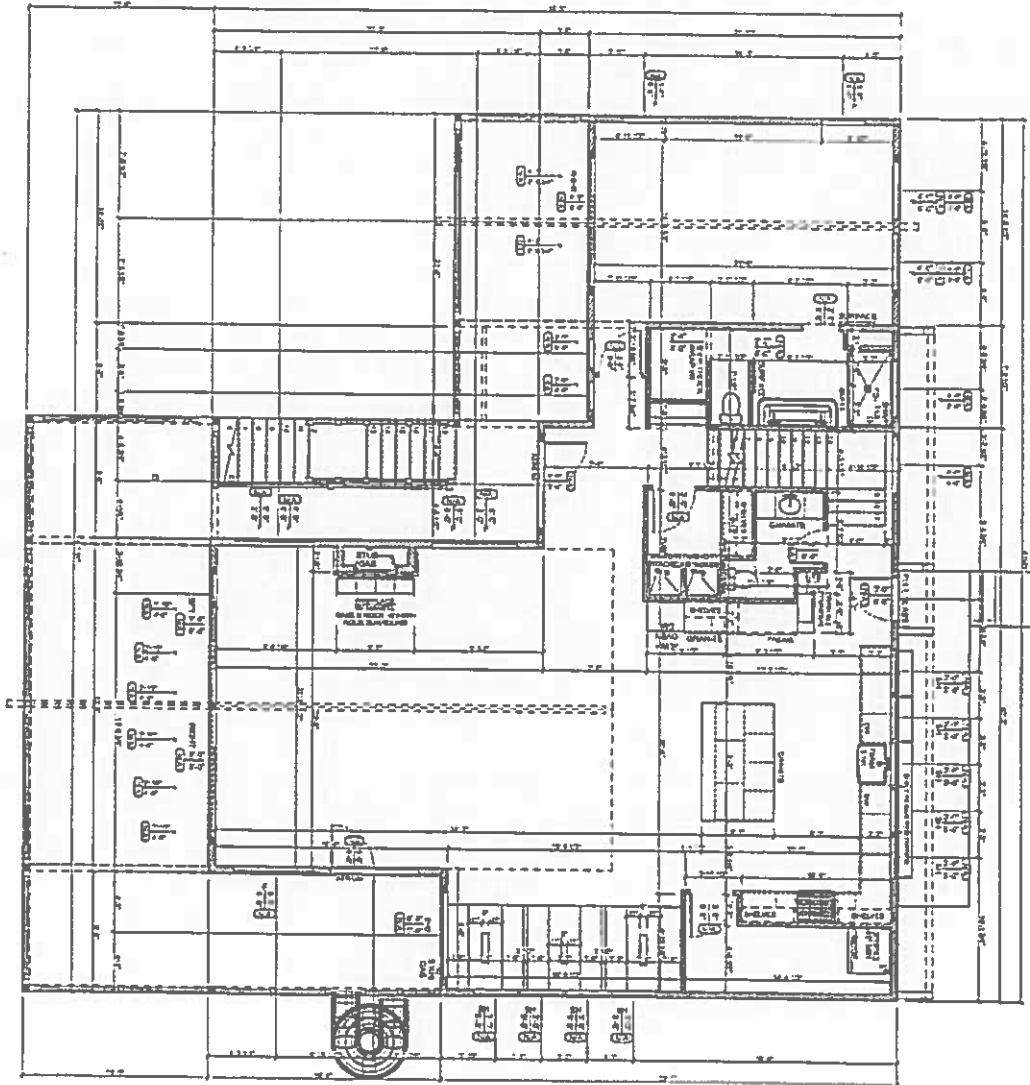
PROJECT NAME: [Name]
PROJECT ADDRESS: [Address]

DATE: 11/11/11
REVISION: 1

OWNER: [Name]
GENERAL CONTRACTOR: [Name]

SQUARE FOOTAGES

UNFINISHED SQUARE FOOTAGE		FINISHED SQUARE FOOTAGE		TOTAL SQUARE FOOTAGE		GARAGE SLAB SQUARE FOOTAGE	
(1) UPPER MECH	13.29	(1) BASEMENT FINISHED	1,225.53	1 - LATHES	13.98	2 CAR GARAGE	621.23
	<u>13.29 00 0</u>	(2) MAIN FINISHED	2,593.72	2 - FINISH	4,901.84		621.23 00 0
		(3) UPPER FINISHED	1,182.59		<u>4,915.72 00 0</u>		
			<u>5,981.84 00 0</u>				



MAIN GAS STUDS (NOT INCLUDING FURN. & IN WALL)		
Object Name	Quantity	2D Symbol
GAS STUD	2	S1B

WINDOW TYPE NOTE
 ALL IN UPPER AND LOWER LEVELS AND WINDOWS ARE ASSIGNED TO OPEN BOX UNLESS NOTED ON 1. YB6 INDICATED
 KEY TO TYPE
 S1 = SINGLE HUNG
 C = CASEMENT
 S2 = SINGLE HUNG (2) A = AWNING

DIMENSION NOTE:
 ALL EXTERIOR DIMENSIONS ARE TO THE OUTSIDE OF STUD WALL, NOT THE OUTSIDE OF THE SHEATHING.

CEILING HEIGHTS

(1) UPPER CEILING	8'-1 1/8"
(2) LOWER CEILING	8'-1 1/8"
(1) BASEMENT CEILING	8'-0 1/2"

SEWER/SEPTIC

SEWER

DATE: 3-18
 REVISION: 1-15
 SCALE: 1/4" = 1'-0"
AA09

GENERAL CONTRACTOR
 NAME: [Blank]
 ADDRESS: [Blank]
 PHONE: [Blank]



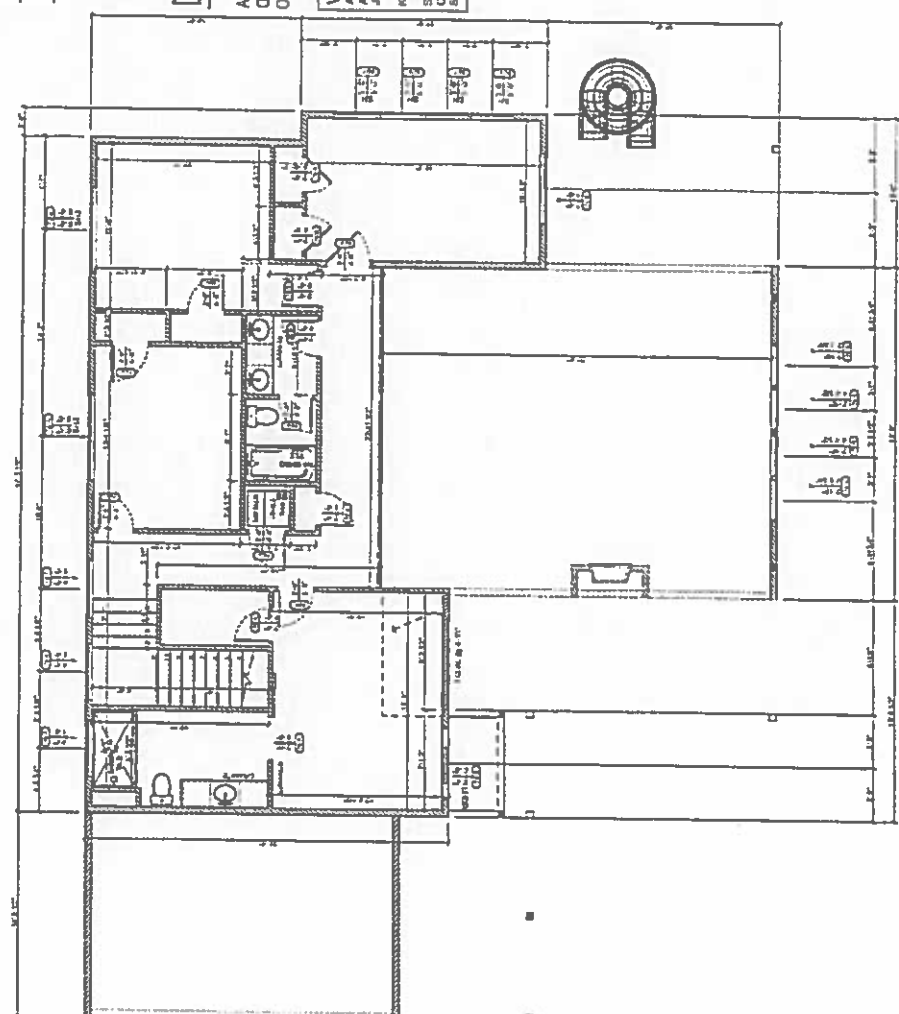
PROJECT NAME
 ADDRESS
 PHONE

DATE
 SCALE

OWNER
 ADDRESS
 PHONE

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WINDOW TYPE NOTE
ALL SINGLES AND DOUBLE HUNG WINDOWS ARE
ASSIGNED TO ONE OF 50% UPTIGHT OR DOWNTIGHT
OPERATION

KEY TO TYPE

S	= SINGLE HUNG	9	= 9" DEEP
C	= CASCADING	P	= P-PLAN
SH	= DOUBLE HUNG (2)	A	= AIRFLOW

DIMENSION NOTE:
ALL EXTERIOR DIMENSIONS ARE TO THE
OUTSIDE OF STUD WALL. NOT THE OUTSIDE
OF THE SHEATHING.

	SEWER
(3) 14" C/C @ 8' H/C'S	8' x 14"
(2) 14" C/C @ 8' H/C'S	8' x 14"
(1) BASELINE T/C @ 8' H/C'S	8' x 14"

CEILING HEIGHTS

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

UT 84028

Address: 539 W Raspberry Patch Rd, Garden City
 Date of inspection: July 2nd 2019
 Owner: Brooke Mueller
 Property Management: Self managed
 Contact Name: Brooke Mueller
 Contact Phone #: 801-628-2968

Safety Inspections:		Time limit to correct
Handrails/Guardrails	✓	
Outdoor lights	✓	
Battery 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:		

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

Address:

Date of inspection:

Owner:

Property Management:

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Building										
Room										
Size	12x16	12x16	13x11	26.5x15	21x14	12x10	15x13	10x16	12x14	
Window(s)										
Notice										
Director										
Cal . ft.	168	168	143	397.5	294	120	195	160	168	3

Occupancy allowed at this address: 36, shall not include children under the age of three (3).

Minimum parking required at this address: 9 Total number of parking spots on Property 10. 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:

[Signature] 7-2-16
[Signature] 7-2-16

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: BROOKS MUELLER Inspection Date: 6-29-19

Business Address: 539 W. RASPBERRY PATCH Suite: _____ Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared
ACCESS-				
1	<u>OK</u> 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	<u>OK</u> 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	<u>OK</u> 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	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)			
FIRE ALARM SYSTEMS				
24	<u>OK</u> Maintain, repair, inspect, and/or test fire alarm system	Refer to FPB	/ /	
FIRE SEPARATIONS				
25	<u>OK</u> Repair holes in required fire resistive construction	3 rd	/ /	
26	<u>OK</u> Provide/repair self or automatic closing fire rated assemblies	Hearing	/ /	
ELECTRICAL				
27	<u>OK</u> Discourage 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	<u>OK</u> 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 maintaining the fire and life loss in your community. BY ORDER OF THE FIRE CHIEF SIGNATURE OF RECIPIENT: _____		
34	Remove all fuel vehicles or equipment from buildings			
35	Remove compressed gas cylinders			
HOUSEKEEPING				
36	<u>OK</u> Store items in an orderly manner to provide access/egress			
37	Remove combustible storage from boiler, mechanical, or electrical rooms			
38	Remove items 24" below ceiling or 18" from sprinkler heads			
39	Remove combustibles from premises daily			
40	Remove combustibles from buildings			
41	Remove combustibles from buildings			
Inspecting Officer: _____ DATE: _____				
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE				

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



12-08
285 W. Seasons
#6

GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: <i>Let's Get Away Properties</i>
Owner or Property Management Company Address: <i>1540 E. Millbrook Way, Bountiful, UT 84010</i>
Owner or Property Management Company Phone #: <i>(801) 599-7337</i>
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) <i>Jessica Ward (435) 730-4767</i>
Contact Persons E-mail address: <i>jessica.epiccabins@gmail.com</i>
Utah State Tax Number: (must be registered to Garden City) <i>14080940-003-STR</i>

Owner of Property: <i>MMFH, LLC</i>	Address of STR Property: <i>285 W. Seasons Ln #6</i>
Owners Phone #: <i>(801) 599-7337</i>	Parcel ID Number: <i>41-21-412-0006</i>
Owners mailing address: <i>Bountiful, UT 1540 E. Millbrook Way 84010</i>	Subdivision or resort where property is located: <i>Brar Lake Escapes</i>
Owners e-mail address: <i>goodellfam@msn.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.

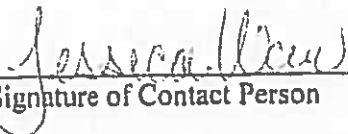
Incomplete applications will not be accepted.


Signature of the Owner of property

5/21/19
Date


Signature of Property Management Company

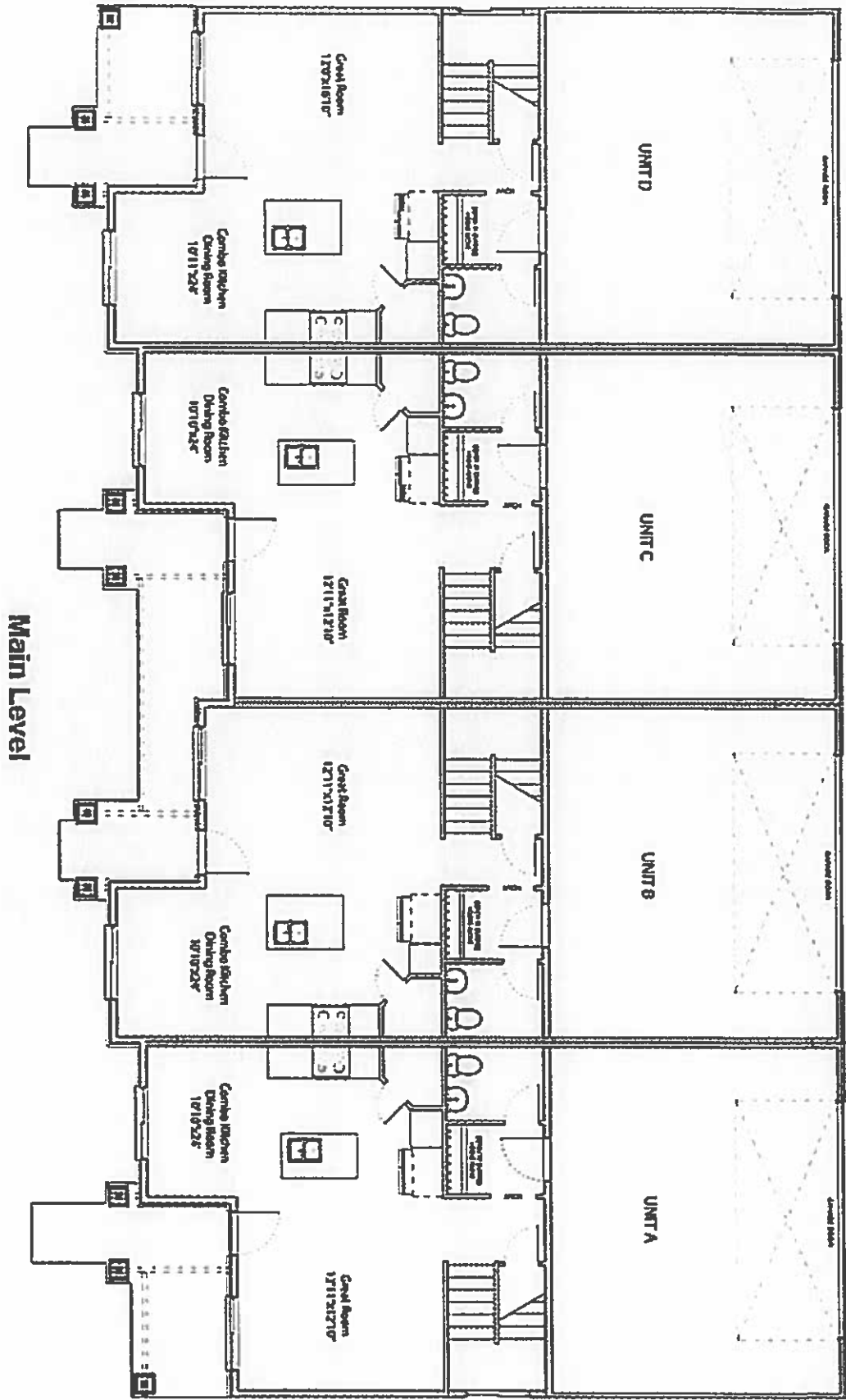
5/21/19
Date

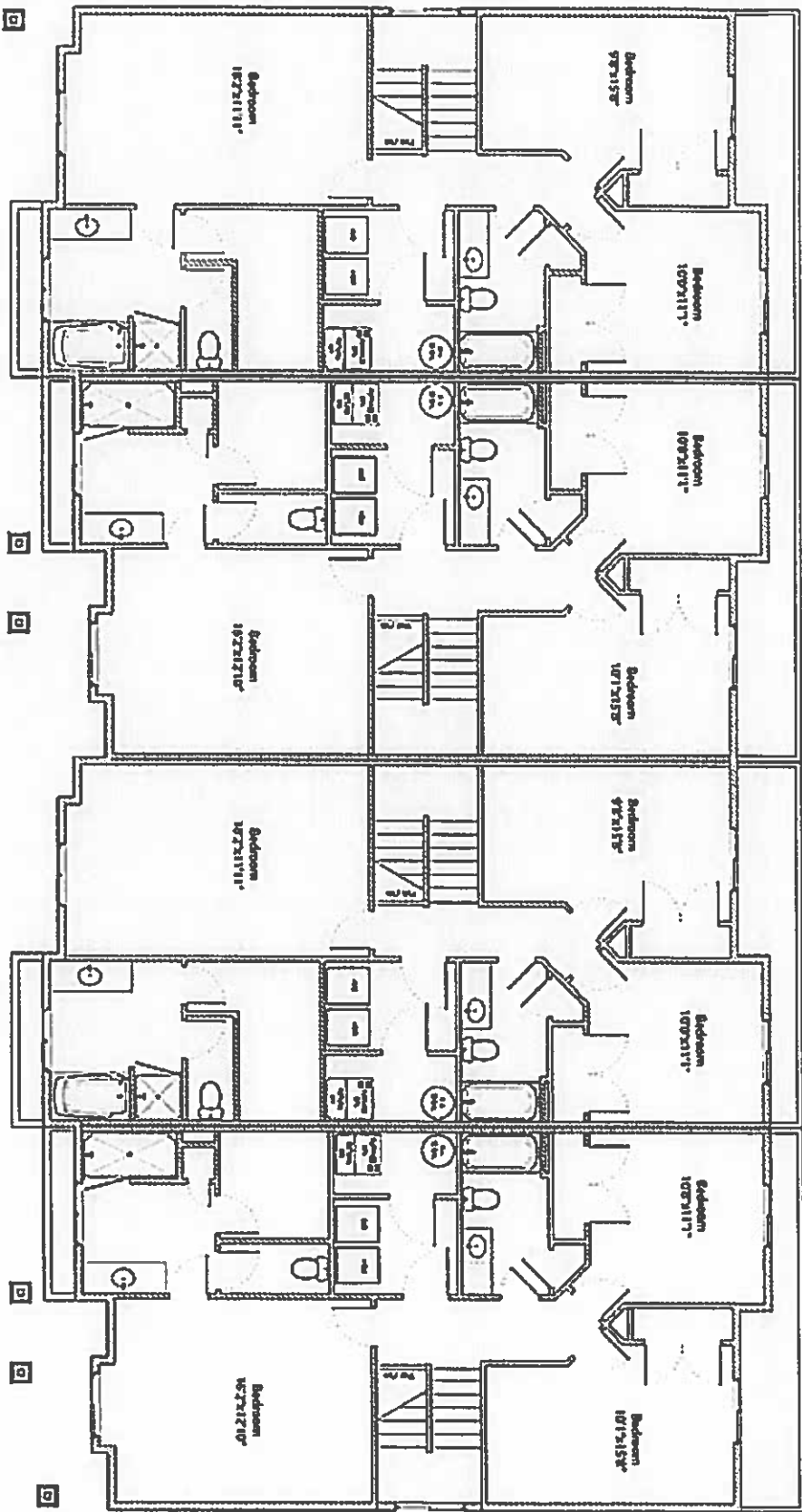

Signature of Contact Person

5-24-19
Date

Application fee, **NON-REFUNDABLE**: \$100 plus \$140 per unit pd \$140.⁰⁰
7-8-19

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





SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

Address:

Date of inspection:

Inspector:

Property Management: Master V1 012

Spring	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
ft.	14x12	19x12	11x10	8.5x15.5						
Number of windows(s)										
Other										
Color										
Material	192	228	118	131.75						

Occupancy allowed at this address: 13, shall not include children under the age of three (3).

Minimum parking required at this address: 3 Total number of parking spots on property 4. All vehicles include cars, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signature: Josephal Jones Date: 7-12-19

Inspector: [Signature]

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: Let's Get Away Properties Inspection Date: 7/3/19

Business Address: 285 S WILSONS LN. Suite: _____ Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared
1	OK	1	Access -	/ /
2	1	2	Maintain fire lane free of obstructions	/ /
3	1	3	Provide address numbering which is visible from street	/ /
4	OK	4	Provide supra box for fire dept. access	
5	OK	5	Remove obstructions at exits, doors, aisles, corridors, stairways, etc.	/ /
6	OK	6	Exit door to open without a key or any special knowledge or effort	/ /
7	OK	7	Provide sign over main exit doors	/ /
8	OK	8	Repair non-operable exit door hardware	/ /
9	OK	9	Remove obstructions from door required to be closed	/ /
10	OK	10	Remove locks & latches from doors with panic hardware	/ /
11	OK	11	Remove storage from attic, under-floor and concealed spaces	/ /
12	OK	12	Provide/maintain exit sign/emergency lighting	/ /
13	OK	13	Have fire extinguisher serviced and tagged	/ /
14	OK	14	Provide/mount fire extinguisher as indicated	/ /
15	OK	15	Provide clear access to fire extinguisher	/ /
16	OK	16	Post a sign indicating fire extinguisher location	/ /
17	OK	17	Maintain 3 foot clearance for access/use of fire appliances/equipment	/ /
18	OK	18	Secure all system control valves in the open position	
19	OK	19	Repair damaged, corroded or painted sprinkler heads/	
20	OK	20	Fire department connection (FDC) caps	
21	OK	21	Provide annual certification for sprinkler/standpipe system	
22	OK	22	Provide sprinkler coverage in unprotected areas	
23	OK	23	Provide spare sprinkler heads and/or compatible wrench	
24	OK	24	Hood and duct extinguishing system to be serviced and tagged	
25	OK	25	Remove grease from hood, duct, and filters (keep clean)	
26	OK	26	Refer to FFB	/ /
27	OK	27	Hearing	/ /
28	OK	28	District attorney	/ /
29	OK	29	Final clearance	/ /
30	OK	30	Re-inspection dates	Inspector
31	OK	31	1st	
32	OK	32	2nd	
33	OK	33	3rd	
34	OK	34	Re-inspection dates	Inspector
35	OK	35	Re-inspection dates	Inspector
36	OK	36	Re-inspection dates	Inspector
37	OK	37	Re-inspection dates	Inspector
38	OK	38	Re-inspection dates	Inspector
39	OK	39	Re-inspection dates	Inspector
40	OK	40	Re-inspection dates	Inspector
41	OK	41	Re-inspection dates	Inspector
42	OK	42	Re-inspection dates	Inspector
43	OK	43	Re-inspection dates	Inspector
44	OK	44	Re-inspection dates	Inspector
45	OK	45	Re-inspection dates	Inspector
46	OK	46	Re-inspection dates	Inspector
47	OK	47	Re-inspection dates	Inspector
48	OK	48	Re-inspection dates	Inspector
49	OK	49	Re-inspection dates	Inspector
50	OK	50	Re-inspection dates	Inspector

DIST. SECTION: WHITE TO FFB YELLOW TO OWNER/OCCUPANT PINK TO OWNER WITH FINAL CLEARANCE

NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE

Inspecting Officer: _____
 FFB _____
 SHIN _____

SIGNATURE OF RECIPIENT: _____

BY ORDER OF THE FIRE CHIEF: _____

minimize the fire and life loss in your community.

Thank you for your assistance and cooperation in

re-inspection may be processed as a criminal offense

corrected immediately and or remain after the

this notice is a misdemeanor. Violations which are not

the date of this notice. Willful failure to comply with

re-inspection will be conducted after _____ days from

immediately or show cause why you should not be required to

correct all violations

You are hereby notified to correct all violations



GARDEN CITY
SHORT TERM RENTAL APPLICATION

289 W. SEASONS,
#8

Owner or Property Management Company Name: <i>Let's Get Away Properties</i>
Owner or Property Management Company Address: <i>1540 E. Millbrook Way, Bountiful, UT 84010</i>
Owner or Property Management Company Phone #: <i>(801) 599-7337</i>
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) <i>Jessica Ward (435) 730-4767</i>
Contact Persons E-mail address: <i>jessica.epiccabins@gmail.com</i>
Utah State Tax Number: (must be registered to Garden City) <i>14080940-003-STR</i>

Owner of Property: <i>Cansen, LLC</i> <i>Matt Nielsen</i>	Address of STR Property: <i>289 W. Seasons Ln #8</i>
Owners Phone #: <i>(435) 757-3070</i>	Parcel ID Number: <i>41-21-412-0008</i>
Owners mailing address: <i>2745 N. Juniper Cir. N. Jensen, UT 84341</i>	Subdivision or resort where property is located: <i>Bear Lake Escapes</i>
Owners e-mail address: <i>MattNielsen@yahoo.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.

Carson LLC
Signature of the Owner of property

5/21/19
Date

[Signature]
Signature of Property Management Company

5/21/19
Date

[Signature]
Signature of Contact Person

5-21-19
Date

Application fee, NON-REFUNDABLE: \$100 plus \$140 per unit \$140.00
7-8-19

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

SQUARE FOOTAGES

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55	10/1/82	10:00	10:00	10:00	10:00
56	10/1/82	10:00	10:00	10:00	10:00

АВТОРОСЫ: В. СКИПОВ

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100

DR JIN SHI

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SCALE: 1/4" = 1'

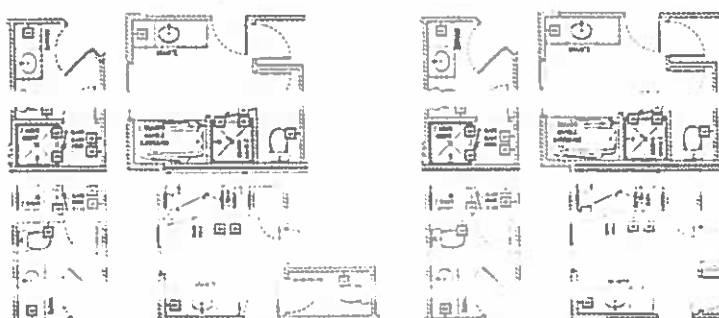
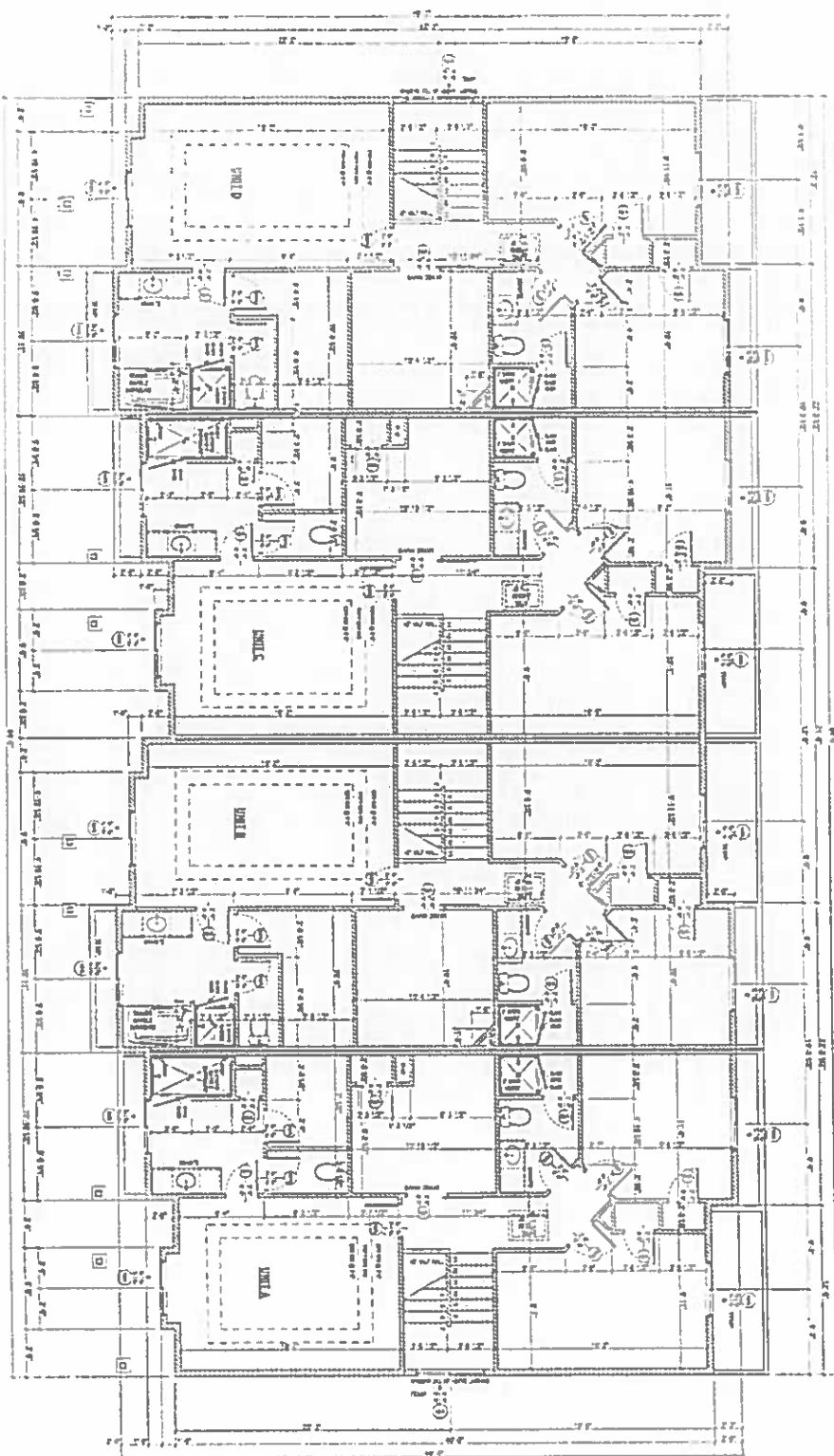
IRC SECTION R302.2

SQUARE FOOTAGES

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IATHROC 1 BL CKING DIL

1. $\text{C}_6\text{H}_5\text{NO}_2 \xrightarrow{\text{H}_2, \text{Pt}} \text{C}_6\text{H}_5\text{NH}_2$
 2. $\text{C}_6\text{H}_5\text{NO}_2 \xrightarrow{\text{H}_2, \text{Pt}} \text{C}_6\text{H}_5\text{NH}_2$
 3. $\text{C}_6\text{H}_5\text{NO}_2 \xrightarrow{\text{H}_2, \text{Pt}} \text{C}_6\text{H}_5\text{NH}_2$
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 5. $\text{C}_6\text{H}_5\text{NO}_2 \xrightarrow{\text{H}_2, \text{Pt}} \text{C}_6\text{H}_5\text{NH}_2$
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 9. $\text{C}_6\text{H}_5\text{NO}_2 \xrightarrow{\text{H}_2, \text{Pt}} \text{C}_6\text{H}_5\text{NH}_2$
 10. $\text{C}_6\text{H}_5\text{NO}_2 \xrightarrow{\text{H}_2, \text{Pt}} \text{C}_6\text{H}_5\text{NH}_2$



SCALE: 1/4" = 1'

A1

470 NORTH 2430 WEST
TREMONTON UT, 84337

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 289 W. Seasons Lane. #8
 Date of inspection: 7-10-19
 Owner: Matt Nicolson
 Property Management: Let's Get Away Prop.
 Contact Name: JESSICA WARD
 Contact Phone #: 436-73047767

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:		

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

Address:

Date of inspection:

Owner:

Property Management:

Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	12x16	12x19	8.5x11.5	10x11						
Exit Required										
Window(s)										
Smoke Detector										
Total Sq. Ft.	192	228	97.75	110	127.75					

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

Minimum parking required at this address: 3 Total number of parking spots on Property 4. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signature:

Date: 7-12-19

Inspector:

7-12-19

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: LET'S GET AWAY PROPERTIES Inspection Date: 7/3/19

Business Address: 289 SEASONS LANE 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 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	☒ Removed 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			
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			
23	☒ Remove grease from hood, duct, and filters (keep clean)			
FIRE ALARM SYSTEMS				
24	☒ Maintain, repair, inspect, and/or test fire alarm system			
FIRE SEPARATIONS				
25	☒ Repair holes in required fire resistive construction			
26	☒ Provide/repair self or automatic closing fire rated assemblies			
ELECTRICAL				
27	☒ Discontinue use of extension cords			
28	☒ Install permanent wiring for fixed or stationary appliance			
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	☒ 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	☒ Remove storage in or outside from fire or public access/egress			
37	☒ Remove storage from boiler, mechanical, or electrical rooms			
38	☒ Reduce storage to 24" below ceiling or 18" from sprinkler heads			
39	☒ Remove storage from fire escape			
40	☒ Remove storage from fire escape			
41	☒ Remove storage from fire escape			
42	☒ Remove storage from fire escape			
43	☒ Remove storage from fire escape			
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.				
SIGNATURE OF RECIPIENT: ____ Owner ____ manager ____ employee ____ other				
INSPECTING OFFICER: ____ FPD ____ COMPANY ____ SIGN ____ Page ____ of ____				
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE				



GARDEN CITY
SHORT TERM RENTAL APPLICATION - The Inn

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

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>589 S. Amber Ln</i>
Owners Phone #: <i>435-494-1663</i>	Parcel ID Number: <i>41-21-30 0019</i>
Owners mailing address: <i>PO Box 46 Garden City</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.

L189



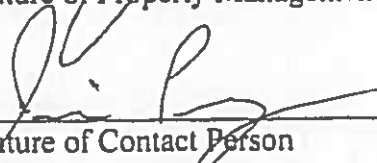
Signature of the Owner of property

4/30/19
Date



Signature of Property Management Company

4/30/19
Date



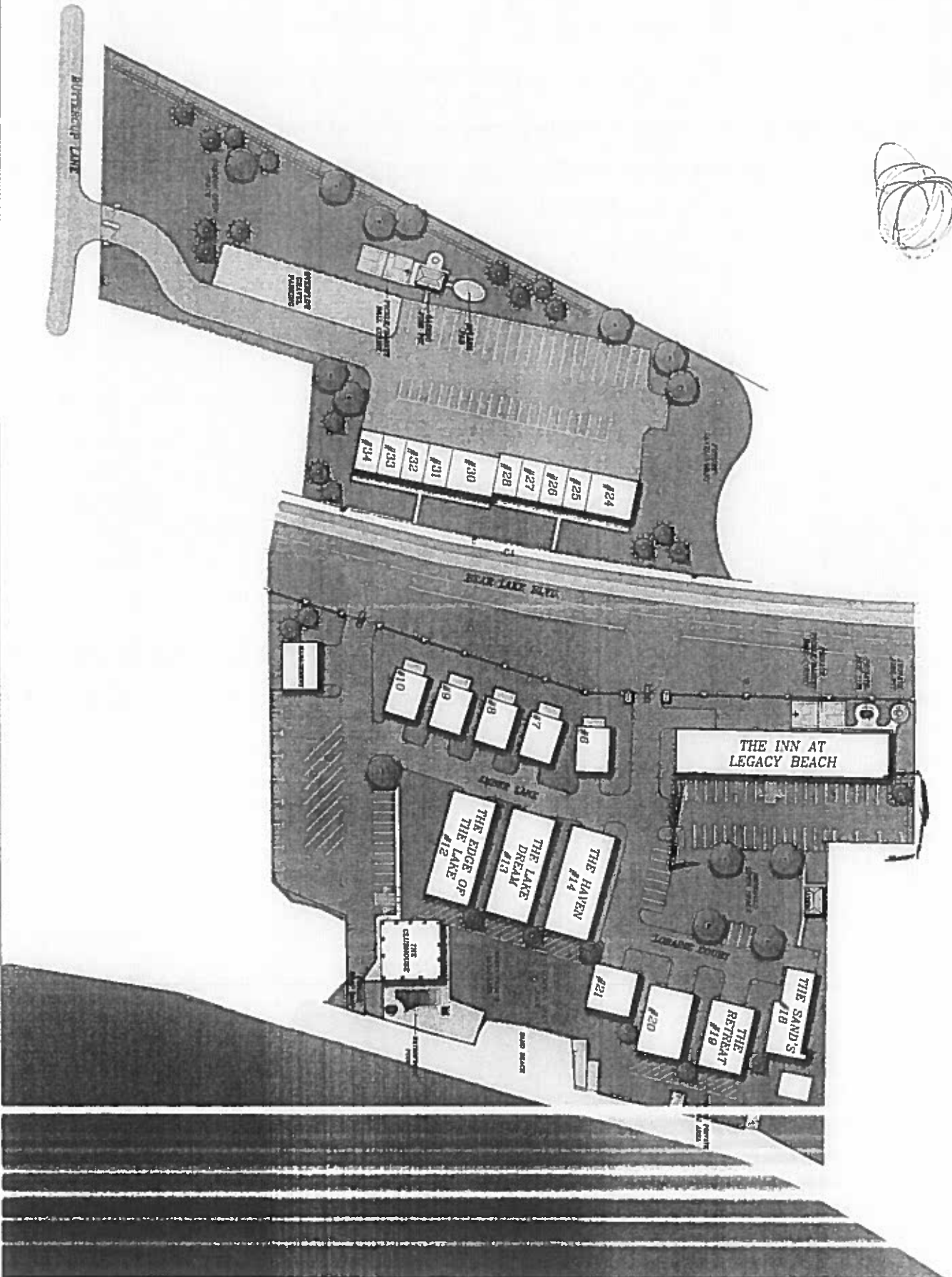
Signature of Contact Person

4/30/19
Date

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

pd 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 ____.



Legal

lot 1, 2, 3, 4 + 5 + 15 + 17

SHORT TERM RENTAL INSPECTION CHECKLIST

Address: 5895 Amber Lane

Date of inspection:

Owner:

Property Management:

Contact Name:

Contact Phone #:

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

PORT THERM/NIGHTHAWK INSPECTION NIGHT GIBBS (page 2)

Address:

Date of inspection:

Inspector:

Property Management:

Occupancy (nom)	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
1 ft.	186.25	169.								
2 ft.										
3 ft.										
4 ft.										
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98 ft.										
99 ft.										
100 ft.										

Total Occupancy allowed at this address: 85 shall not include children under the age of three (3).

Minimum parking required at this address: 22 Total number of parking spots on property 22. All vehicles include driver's license, motor homes, etc., shall park on property. Each unit is considered a vehicle.

Signature: _____ Date: _____

Inspector: _____

Owner/Property Manager: Not Barry _____

GARDEN CITY FIRE DISTRICT

P.O. BOX 248 145 WEST LOGAN ROAD

GARDEN CITY, UTAH 84028

PHONE/FAX (435) 946-3557

IND @ THE BEACH

FIRE SAFETY INSPECTION REPORT

Business Name: Legacy Beach

Inspection Date: 6-5-19

Business Address: 570 S. BEAR LAKE BLVD

Suite: _____

Business Phone: _____

589

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	☒ Removed 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	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	☒ 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 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 SIGNATURE OF RECIPIENT: ____ Owner ____ manager ____ employee ____ other		
38	☒ Reduce storage to 24" below ceiling or 18" from sprinkler heads			
39	☒ Remove combustible materials from any rag storage			
40	☒ Remove combustible materials from the premises daily	Inspecting Officer: <u>[Signature]</u> FPB COMPANY Shift Date		
41	☒ Keep exits clear of storage from buildings			
42	☒ Remove combustible materials from the premises daily			
MISCELLANEOUS				
43	☒ Other violations and comments			
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE				



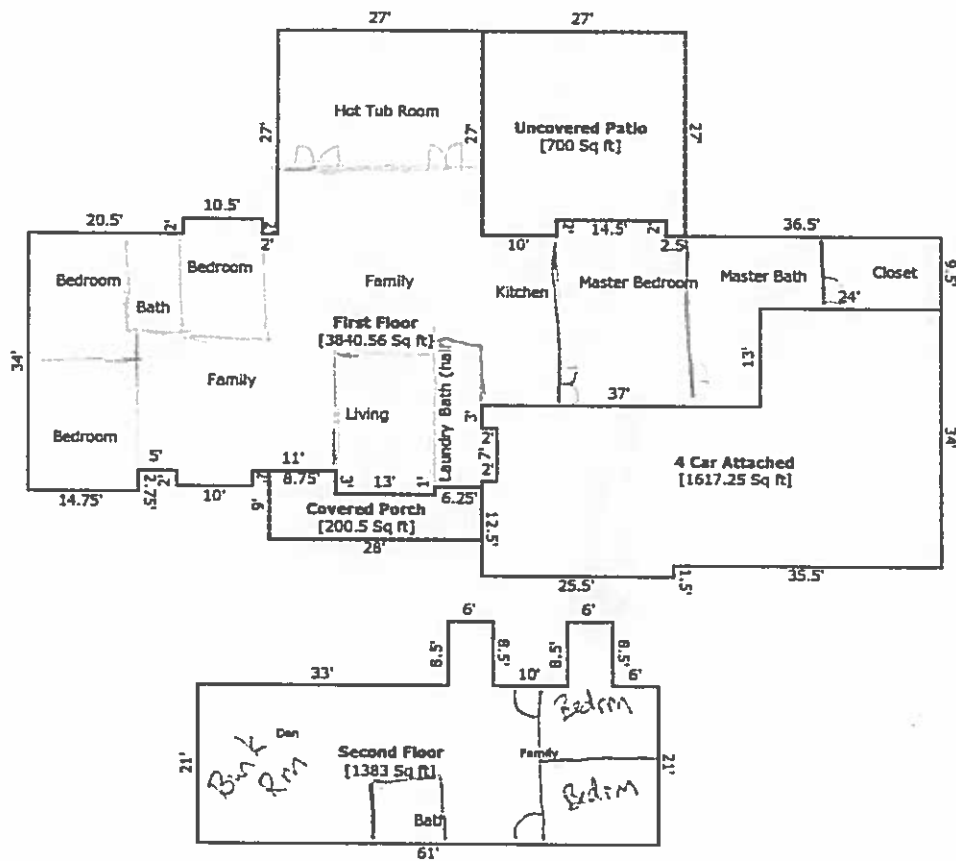
GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: <i>Tamara and Andrew Myers</i>
Owner or Property Management Company Address: <i>1861 W. Village Hill Ave, SLC, UT 84116</i>
Owner or Property Management Company Phone #: <i>Tamara - 385-239-9550 Andrew 801-230-3395</i>
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) <i>Peni Stevens 435-757-3949 Teri Bennett - until Aug 10 (435) 760-6634</i>
Contact Persons E-mail address: <i>penibearlake@gmail.com Vacasa</i>
Utah State Tax Number: (must be registered to Garden City) <i>11646605 - 003</i>

Owner of Property: <i>Tamara and Andrew Myers</i>	Address of STR Property: <i>948 S. Snowmeadows Dr.</i>
Owners Phone #: <i>Tamara 385-239-9550 Andrew 801-230-3395</i>	Parcel ID Number:
Owners mailing address: <i>1861 W. Village Hill Ave SLC, UT 84116</i>	Subdivision or resort where property is located:
Owners e-mail address: <i>atmyers@hotmail.com</i>	<i>Snowmeadows</i>

Building Sketch (Page - 1)

Borrower/Client	Myers, Andrew T				
Property Address	948 S Snowmeadows Dr				
City	Garden City	County	Rich	State	UT Zip Code 84028
Lender	Provident Funding Associates, L.P.				



TOTAL Sketch by a la mode, inc.

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: TAMARA MYERS

Inspection Date: 6-29-19

Business Address: 948 SNOWMOUNT AVE

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 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	1 st	/ /	
22	☐ Flood and duct extinguishing system to be serviced and tagged	2 nd	/ /	
23	☐ Remove grease from hood, duct, and filters (keep clean)	Refer to FPB	/ /	
FIRE ALARM SYSTEMS				
24	☒ Maintain, repair, inspect, and/or test fire alarm system	3 rd	/ /	
FIRE SEPARATIONS				
25	☒ Repair holes in required fire resistive construction	Hearing	/ /	
26	☒ Repair self or automatic closing fire rated assemblies			
ELECTRICAL				
27	☒ Discourage use of extension cords	District attorney	/ /	
28	☐ All 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 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 as a result 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		
34	☐ Remove all flammable vehicles or equipment from buildings			
35	☐ Store compressed gas cylinders			
HOUSEKEEPING				
36	☒ Maintain clear access to fire exits	NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE		
37	☐ Remove flammable storage from boiler, mechanical, or electrical rooms			
38	☐ Store items at least 24" below ceiling or 18" from sprinkler heads			
39	☐ Remove items from under stairs			
40	☐ Remove items from the premises daily			
41	☐ Remove items from buildings			
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99	☐ Remove items from buildings			
100	☐ Remove items from buildings			

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



Welcome to

Garden City

Utah

Where Families Play

After recording mail to:
Town of Garden City
PO Box 207
Garden City, Utah 84028

TOWN OF GARDEN CITY

TERMINATION OF ENCUMBRANCE AGREEMENT AND COVENANT TO RUN WITH THE LAND

ON THIS 8th DAY OF AUGUST, 2019 COMES NOW the Town of Garden City, a Class 4 municipality, acting by and through its duly appointed Mayor, (hereinafter known as the "town"), and Mark and Kathy Hislop, residents of the Town of Garden City, Utah (hereinafter known as the "owner") and owner of certain real property in the Town of Garden City, Rich County state of Utah, known generally as 41-16-030-0001, and 41-17-020-0007 and more particularly described as follows:

Parcel #1: LOT 7, BEAR LAKE MEADOWS SUB UNIT 1
Parcel #2: LOT 1, BEAR LAKE MEADOWS SUB UNIT NO 2
(hereinafter know as "property").

Owner is desirous of releasing the Encumbrance Agreement and Covenant to run with the land (hereinafter known as "covenant") which was recorded June 25, 2018 filing no. 93308, in book Y11, page 1500, in the office of the Recorder of Rich County, Utah. Owners hereby request this Termination of Encumbrance Agreement and Covenant to Run with the Land (hereinafter known as "termination") as follows:

WHEREAS, the Town of Garden City has duly enacted ordinances and statutes prescribing zoning land use policies and requirements of the Town of Garden City; and

WHEREAS, the covenant was presented to the Garden City Town Council and approved by a unanimous vote of the Council; and

WHEREAS, the owner is desirous of utilizing his land and improvements in a manner not allowed by the stipulations of the covenant; and

WHEREAS, the town is willing to grant the termination of covenant based on an inspection of the property made by to determine the property is in conformity with the Garden City ordinances or statutes on the date listed;

Termination of Covenant to run with the land
Mark & Kathy Hislop
August 8, 2019
Page 2

NOW THEREFORE, for valuable consideration received, the sufficiency of which is hereby acknowledged by the owner, the Town and the owner do hereby contract, promise, and agree as follows:

To Terminate the Encumbrance Agreement and Covenant to Run with the Land, granted to Mark and Kathy Hislop which was recorded June 25, 2019 filing no. 93308, in book Y11, page 1500, in the office of the Recorder of Rich County, Utah.

DATED this 8th day of August, 2019.

APPROVED:

Attest:

Mike Leonhardt, Mayor

Sharlene Millard, Assistant Clerk

Mark Hislop, Owner

Kathy Hislop, Owner

State of Utah)
)§
County of Rich)

On the _____ day of _____, 2019, personally appeared before me Mark and Kathy Hislop who duly acknowledged to me that they executed the same.

Notary