Garden City
Business License Application

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

Business Status: (check all that apply)	☐ New Business ☐ Additional Location # ___ ☐ Name Change ☐ Ownership Change ☐ Location Change ☐ Transient Vendor ☐ Concessionaire Vendor	**License Fee:**	Business License Fee ___ Transient License Fee ___ Concessionaire Fee ___ Additional Location ___ Other ___ Beach Vendor License also requires a BCI background check

Official Use Only:

Planning Commission:	☐ Approved	☐ Not Approved	Date:		
Town Council:	☐ Approved	☐ Not Approved	Date:		
Inspections: Building Insp.:	☐ Initial	Date:		☐ Final	Date:
Fire Inspection:	☐ Initial	Date:		☐ Final	Date:

Comments:

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

Business Name:	Western Skies Lodging
If name change, previous name:	~~Bear Lake Hotel~~
Location Address:	2115 S Bear Lake Blvd
City, State & Zip:	Garden City UT 84028
Business Phone:	
Cell Phone:	435-535-5035
Mailing Address:	PO Box 4525
City, State & Zip:	Logan UT 84323
E-mail Address:	bearlakeescape21@gmail.com
Owners Name:	Timberlake Investments / Michael Bales
Owners Location:	Logan UT
City, State & Zip	Logan UT 84323
Phone:	435-535-5035
Cell Phone:	NA

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

Briefly Describe Your Business: Lodging

Utah State Sales Tax Number: ~~[illegible]~~ 15108224-002-STC

Ut State Professional License No.

Will you be installing a sign?: ☐ Yes ☒ No Nothing new

This is an application for a business license; the actual license will be issued only when All inpsections/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. Michael Bales/Western Skies Lodging 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: _____ Date: 6/9/20

Please print your name: Michael Bales

Garden City
Business License Application

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Business Status: (check all that apply)
- ■ New Business
- □ Additional Location # ___
- □ Name Change
- □ Ownership Change
- □ Location Change
- □ Transient Vendor
- □ Concessionaire Vendor

License Fee:

Business License Fee	$100 M. YA 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 ___

Business Name:	YZ Delivery LLC
If name change, previous name:	
Location Address:	69 N. Paradise Parkway
City, State & Zip:	Garden City UT 84028
Business Phone:	714-875-9955
Cell Phone:	714-875-9955
Mailing Address:	PO Box 415
City, State & Zip:	Garden City UT 84028
E-mail Address:	bob.peterson@yzdelivery.com
Owners Name:	Robert Peterson
Owners Location:	2547 County Club Dr.
City, State & Zip	Garden City UT 84028
Phone:	714-875-9955
Cell Phone:	714-875-9955

Kind of Business: □ Retail □ Lodging □ Restaurant ■ Professional □ Contractor □ Other

Briefly Describe Your Business: Package Delivery

Utah State Sales Tax Number:

Ut State Professional License No. 14999370-003-STC

Will you be installing a sign?: ☐ Yes ☑ No

This is an application for a business license; the actual license will be issued only when **All** inpsections/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, Robert R Peterson 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: _____ Date: 6/27/2020

Please print your name: Robert R. Peterson

657

Garden City
Business License Application

PO Box 207 • 69 N. Paradise Parkway • Garden City, Utah 84028
www.gardencityut.us • 435-946-2991 • 435-946-8852 Fax

Business Status: (check all that apply)	☒ New Business ☐ Additional Location # ☐ Name Change ☐ Ownership Change ☐ Location Change ☐ Transient Vendor ☐ Concessionaire Vendor	**License Fee:**	Business License Fee $100 – Transient License Fee Concessionaire Fee Additional Location Other Beach Vendor License also requires a BCI background check

LL 6/12/2020

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: FIREFLY POWERBIKES

If name change, previous name:

Location Address: ~~2099 S BEAR LAKE BLVD~~ 2123 S. Bear Lake Blvd

City, State & Zip: GARDEN CITY UT 84028

Business Phone: 435 770 2645

Cell Phone:

Mailing Address: 458 E 2720 N

City, State & Zip: NORTH LOGAN, UT 84341

E-mail Address: dustin@fireflypowerbikes.com

Owners Name: DUSTIN HANSEN

Owners Location: 458 E 2720 N

City, State & Zip NORTH LOGAN UT 84341

Phone: 435 770 2645

Cell Phone:

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

Briefly Describe Your Business: PROVIDING RENTAL POWERBIKES THAT WILL BE OFFERED TO ~~THE PUBLIC NEXT TO PIONEER PLAYHOUSE~~

Utah State Sales Tax Number: N/A STC.

Ut State Professional License No. N/A

Will you be installing a sign?: ☐ Yes ☐ No

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

I,We. FIREFLY POWERBIKES DUSTIN HANSEN 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: _____ Date: _____

Please print your name:

Temp approval.

Garden City
Business License Application

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

Business Status: (check all that apply)	■ New Business □ Additional Location # ___ □ Name Change □ Ownership Change □ Location Change □ Transient Vendor □ Concessionaire Vendor	**License Fee:**	Business License Fee ____ Transient License Fee ____ Concessionaire Fee ____ Additional Location ____ Other ____ Beach Vendor License also requires a BCI background check

Official Use Only:

Planning Commission: □ Approved □ Not Approved Date: ____

Town Council: □ Approved □ Not Approved Date: ____

Inspections: Building Insp.: □ Initial Date: ____ □ Final Date: ____

Fire Inspection: □ Initial Date: ____ □ Final Date: ____

Comments:

Zone: □ Commercial 1 2 3 □ Residential □ Beach Devel. □ Other ____

Business Name:	FiiZ Drinks
If name change, previous name:	
Location Address:	10 E. 150 S.
City, State & Zip:	Garden City, Utah 84028
Business Phone:	8016686244
Cell Phone:	same
Mailing Address:	583 E. 1525 N.
City, State & Zip:	North Ogden, Utah 84404
E-mail Address:	nickwilcox14@gmail.com
Owners Name:	Nick Wilcox
Owners Location:	583 E. 1525 N
City, State & Zip	North Ogden, Utah 84404
Phone:	801-668-6244
Cell Phone:	same

Kind of Business: □ Retail □ Lodging □ Restaurant □ Professional □ Contractor ■ Other

Briefly Describe Your Business: ~~Specialty Soda Shop, with treats~~

Utah State Sales Tax Number: 20S05548

Ut State Professional License No.

Will you be installing a sign?: ☐ Yes ☑ No

This is an application for a business license, the actual license will be issued only when All inpsections/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, Nick Wilcox 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: Nick Wilcox Date: July 1st, 2020

Please print your name: Nick Wilcox

Food Truck Permit 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 Food Truck	License Fee: $90

Official Use Only:
Town Council: ☐ Approved ☐ Not Approved Date: _____
Comments:

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

- **Food trucks are not allowed to operate on US 89 and SR 30.**
- **Food trucks are only allowed on private property.**
- **Food truck owner must provide a letter from the property owner allowing them to operate on their property.**

Business Name:	Pauni Island Grill LLC
Location Address:	~~350 East 400 North~~ 200 N. 30 E Bear Lake Blvd
City, State & Zip:	~~Logan UT 84321~~ Garden City Ut 84028
Business Phone:	435 932 6172
Cell Phone:	435 232 3247
Mailing Address:	1085 N 400 E
City, State & Zip:	Logan UT 84341
E-mail Address:	info@pigcatering.com
Owners Name:	Seneti Pauni
Owners Location:	1085 N. 400 E
City, State & Zip	Logan Utah, 84341
Phone:	435 232 3247
Cell Phone:	same
Briefly Describe Your Business:	We cook and serve Polynesian Food at our Restaurant and Food truck
Utah State Sales Tax Number:	~~[illegible]~~, ~~13856345-006-STC~~
Will you be installing a sign?:	no 13856345-002-STC

This is an application for a Food Truck Permit. the actual permit will be issued only when All requirements are complete and the fee is paid. Issuance of this permit shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, parking, health, building, or fire regulations.

I,We, Pauni Island Grill hereby agree to operate strictly in accordance with the Laws and Ordinances covering such Food Trucks. I understand that I shall not begin nor cause to operate at this location without first obtaining a Food Truck Permit and will not continue without maintaining a valid Permit, in doing so, I will be subject to a penalty as stipulated by the Garden City Infraction Fee Schedule.

Food Truck Permit Fees are non-refundable.

Food Truck Permits expire December 31st of each year.

Owners Signature: Seneti E Pauni Date: 6-30-2020

Please print your name: Seneti E Pauni

July 1, 2020

To: Garden City Officials

Re: Food truck permission

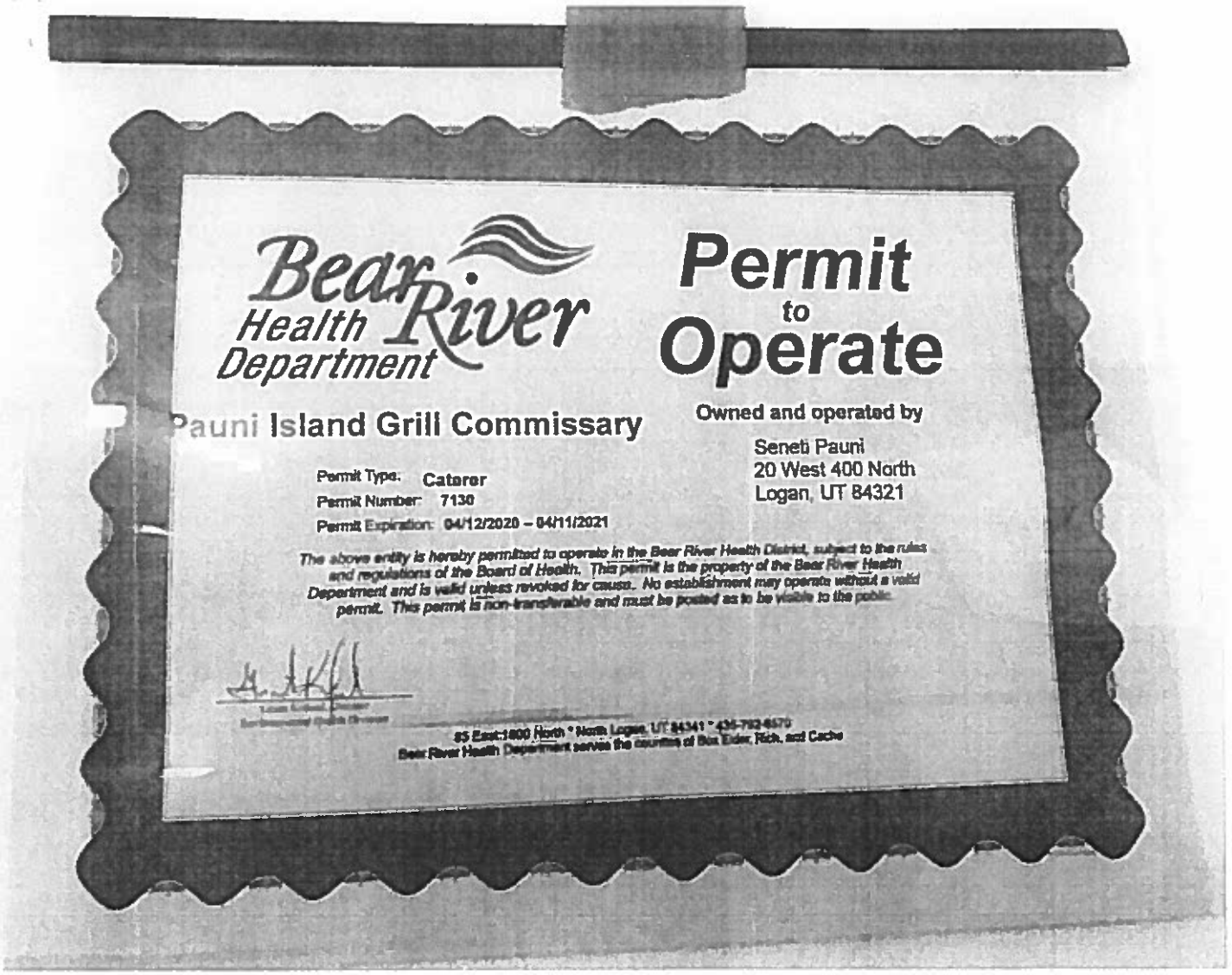
Please be advised that the following food truck is allowed to operate on our property for the purposes of selling prepared food:

Truck name: Pauni Island Grill
Owner name: Seneti Pauni

They have permission for the remainder of 2020

Sincerely,

Mark Smoot
801 971 4003



Bear River Health Department

Permit to Operate

Owned and operated by

Seneti Pauni
20 West 400 North
Logan, UT 84321

Pauni Island Grill Commissary

Permit Type: Caterer
Permit Number: 7130
Permit Expiration: 04/12/2020 – 04/11/2021

The above entity is hereby permitted to operate in the Bear River Health District, subject to the rules and regulations of the Board of Health. This permit is the property of the Bear River Health Department and is valid unless revoked for cause. No establishment may operate without a valid permit. This permit is non-transferable and must be posted as to be visible to the public.

655 East 1600 North * North Logan, UT 84341 * 435-792-6570
Bear River Health Department serves the counties of Box Elder, Rich, and Cache

Garden City
Food Truck Permit 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 Food Truck	License Fee: $90

Official Use Only:
Town Council: ☐ Approved ☐ Not Approved Date: _____
Comments:

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

- **Food trucks are not allowed to operate on US 89 and SR 30.**
- **Food trucks are only allowed on private property.**
- **Food truck owner must provide a letter from the property owner allowing them to operate on their property.**

Business Name:	The Toasted Cheese
Location Address:	~~1057 W 2700S~~ 200 N. 30 W. Bear Lake Blvd.
City, State & Zip:	~~Syracuse UT 84075~~ Garden City, UT 84028
Business Phone:	801-529-2767
Cell Phone:	801-529-2767
Mailing Address:	1057 W 2700S
City, State & Zip:	Syracuse UT 84075
E-mail Address:	SLCfirefit@msn.com
Owners Name:	Rob Lundin
Owners Location:	1057 W 2700S
City, State & Zip	Syracuse UT 84075
Phone:	801-529-2767
Cell Phone:	
Briefly Describe Your Business:	Toasted Cheese Sandwich / Fresh Cut fries
Utah State Sales Tax Number:	14105306-002 SLC
Will you be installing a sign?:	No

This is an application for a Food Truck Permit, the actual permit will be issued only when All requirements are complete and the fee is paid. Issuance of this permit shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, parking, health, building, or fire regulations.

I,We, Rob Lundin hereby agree to operate strictly in accordance with the Laws and Ordinances covering such Food Trucks. I understand that I shall not begin nor cause to operate at this location without first obtaining a Food Truck Permit and will not continue without maintaining a valid Permit, in doing so, I will be subject to a penalty as stipulated by the Garden City Infraction Fee Schedule.

Food Truck Permit Fees are non-refundable.

Food Truck Permits expire December 31st of each year.

Owners Signature: _____ Date: 6/28/2020

Please print your name: _____

July 1, 2020

To: Garden City Officials

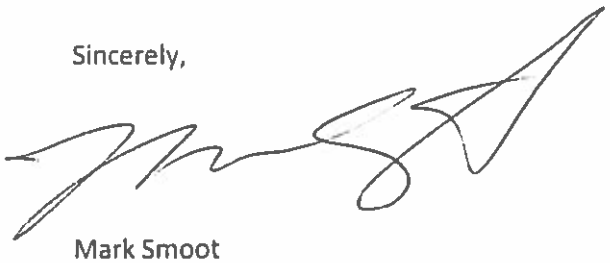
Re: Food truck permission

Please be advised that the following food truck is allowed to operate on our property for the purposes of selling prepared food:

Truck name: The Toasted Cheeser
Owner name: Rob Lundin

They have permission for the remainder of 2020

Sincerely,



Mark Smoot
801 971 4003

Bear River Health Department

Permit to Operate

COPY

The Toasted Cheeser Lic. #CHEESER

Owned and operated by

Rob Lundin
Various Locations
Logan, UT 84321

Permit Type: Secondary Permit - Mobile

Permit Number: 9540

Permit Expiration: 01/01/2020 to 12/31/2020

The above entity is hereby permitted to operate in the Bear River Health District, subject to the rules and regulations of the Board of Health. This permit is the property of the Bear River Health Department and is valid unless revoked for cause. No establishment may operate without a valid permit. This permit is non-transferable and must be posted as to be visible to the public.

Grant Koford, Director
Environmental Health Division

85 East 1800 North * North Logan, UT 84341 * 435-792-6570
Bear River Health Department serves the counties of Box Elder, Rich, and Cache

GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: Let's Get Away Properties
Owner or Property Management Company Address: 1540 E. Millbrook Way Bountiful, UT 84010
Owner or Property Management Company Phone #: (801) 599-7337
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24-7) Zack McKee (435) 757-2131
Contact Persons E-mail address: zackbeadake@gmail.com
Utah State Tax Number: (must be registered to Garden City) 14080940-003-STR

Owner of Property: Matthew and Andrea Colvin	Address of STR Property: 278 W. Seasons Lane, Garden City 84028
Owners Phone #: 435-764-0471, 435-764-0470	Parcel ID Number: 41-21-412-0016
Owners mailing address: 1483 W 2350 S Woods Cross, UT 84087	Subdivision or resort where property is located: Bear Lake Escapes PUD
Owners e-mail address: chaveez@gmail.com andrea@discoverrealty.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 of the Owner of property — Date: 6-26-2020

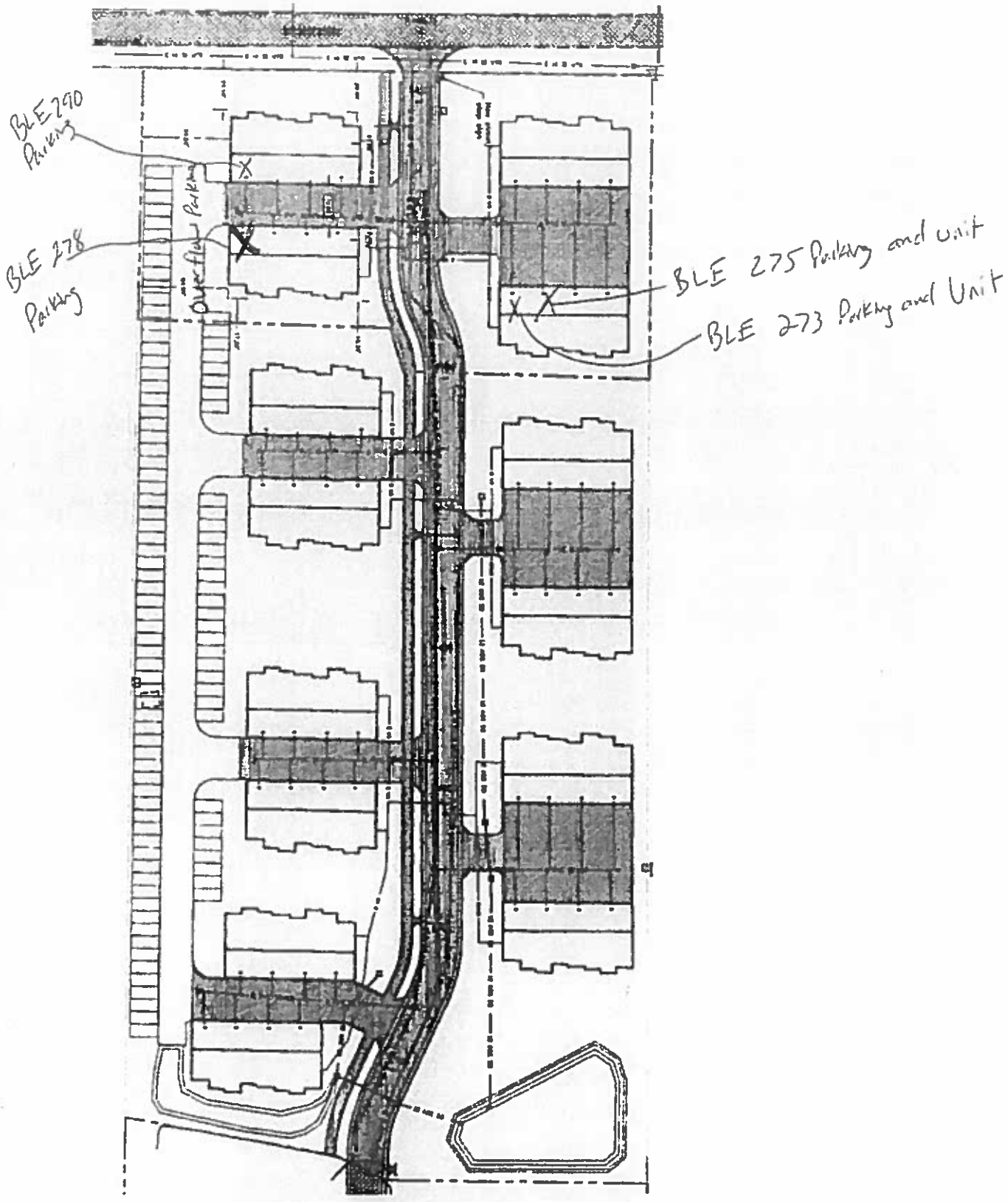
Signature of Property Management Company — Date: 6/25/2020

Signature of Contact Person — Date: 2/24/2020

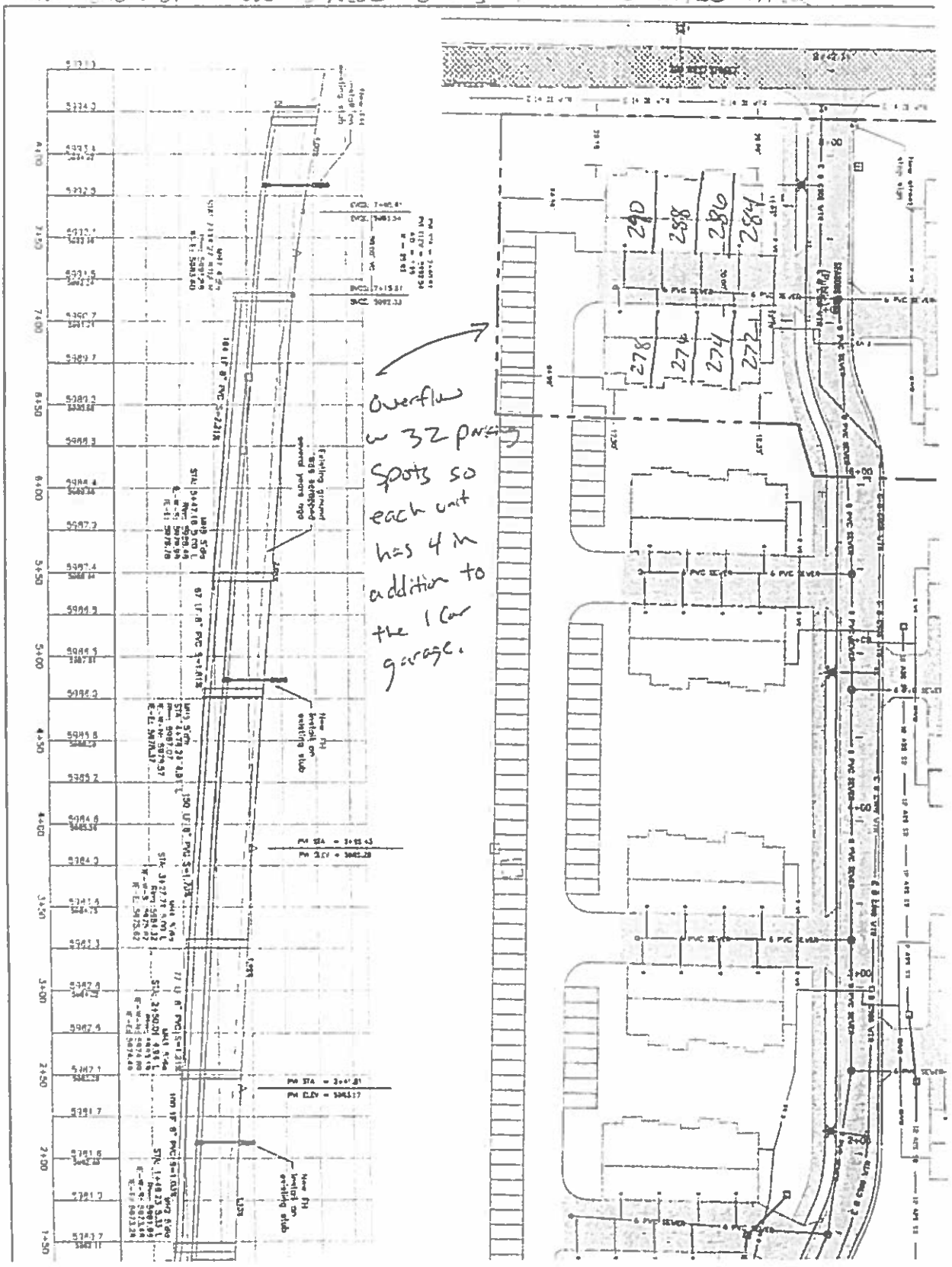
Application fee, **NON-REFUNDABLE**: $100 plus $140 per unit — pd 140.00 6-30-20

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

6/8/2020 BLE Cropped Plat with Parking .pg

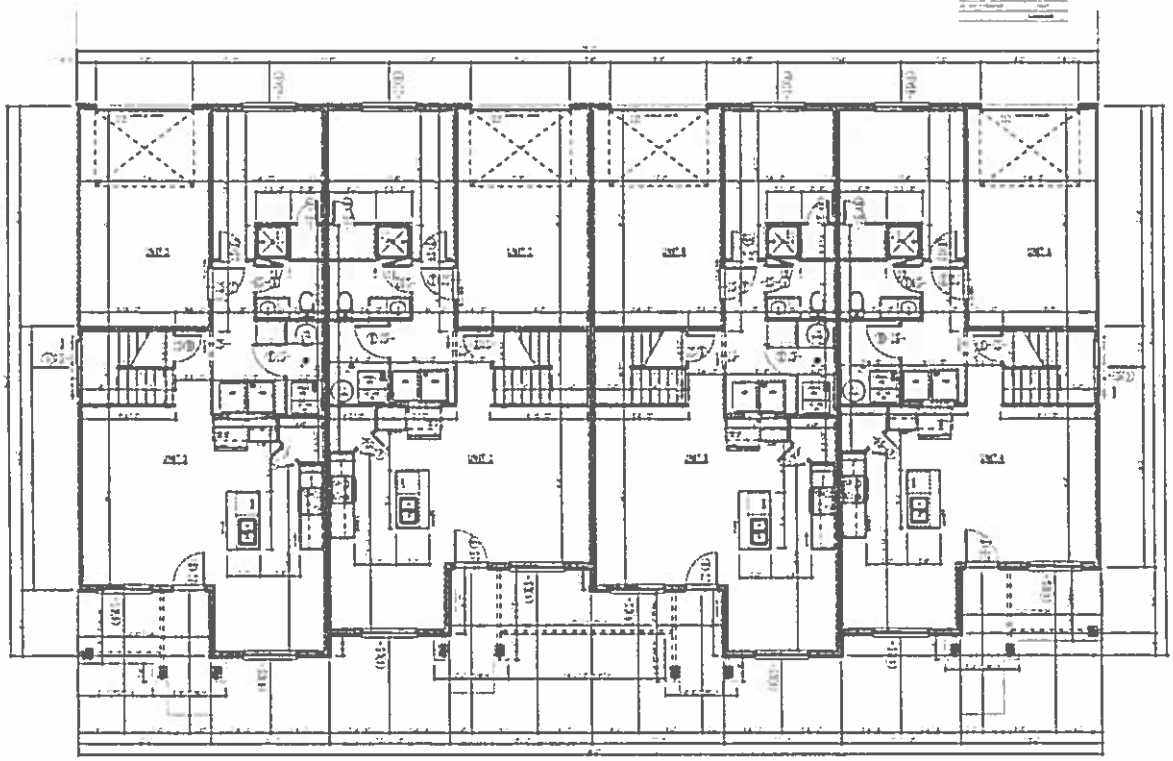


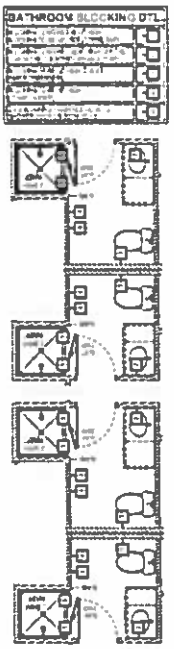
Bear Lake Escapes Parking - Each unit has a 1 Car garage and Glen measured 4 parking spots per unit for each of these 8 new units in the overflow Area



NO PENETRATION OF THE ROOF BY MECANICAL OR PLUMBING SYSTEMS MAYBE MADE WITHIN 4' OF THE UNIT SEPARATION WALLS AS SPECIFIED IRC SECTION R302.2

SQUARE FOOTAGES





DIMENSION NOTE

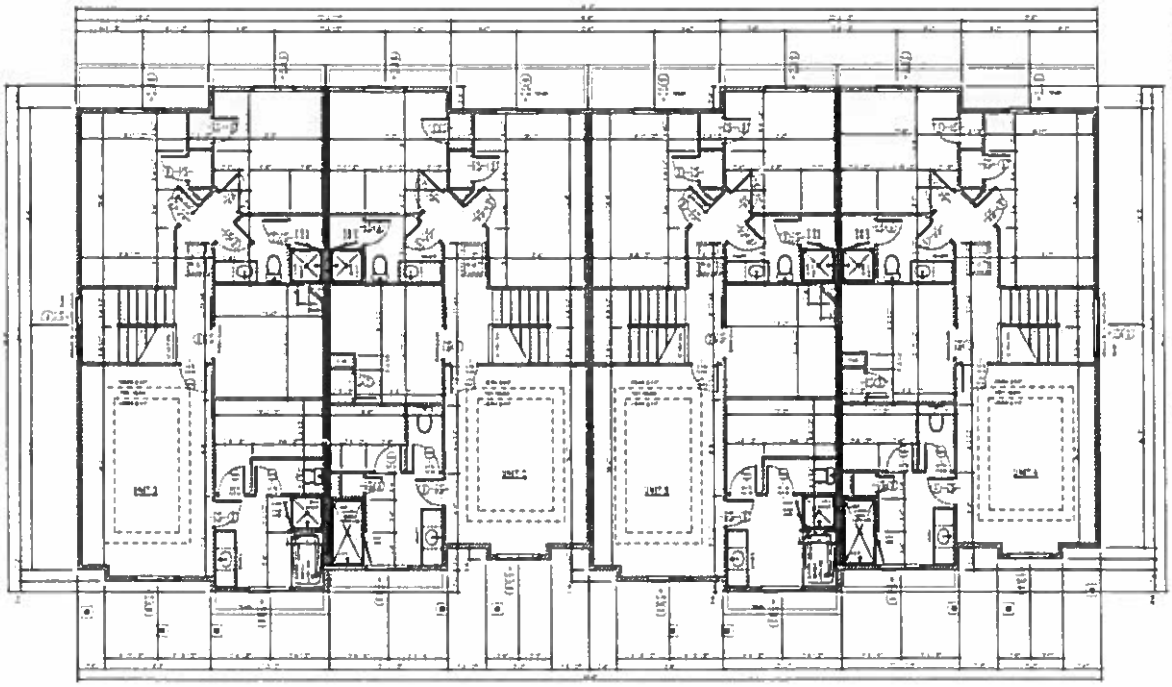
SCALE: 1/4" = 1'

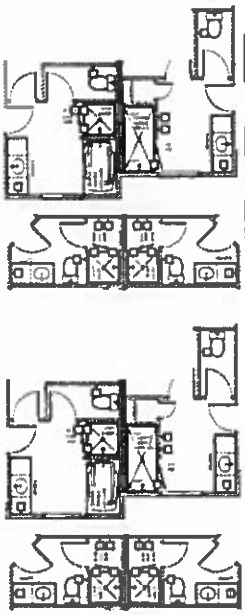
A08

NO PENETRATION OF THE ROOF BY MECANICAL OR PLUMBING SYSTEMS MAYBE MADE WITHIN 4' OF THE UNIT SEPARATION WALLS AS SPECIFIED IRC SECTION R302.2

SQUARE FOOTAGES

BATHROOM BLOCKING DTL





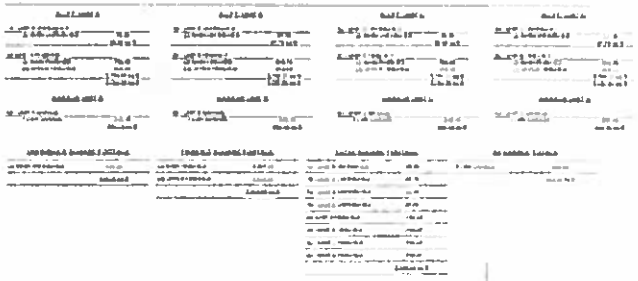
DIMENSION NOTE

SCALE 1/4" = 1

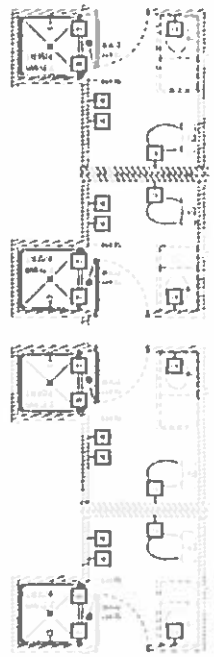
A10

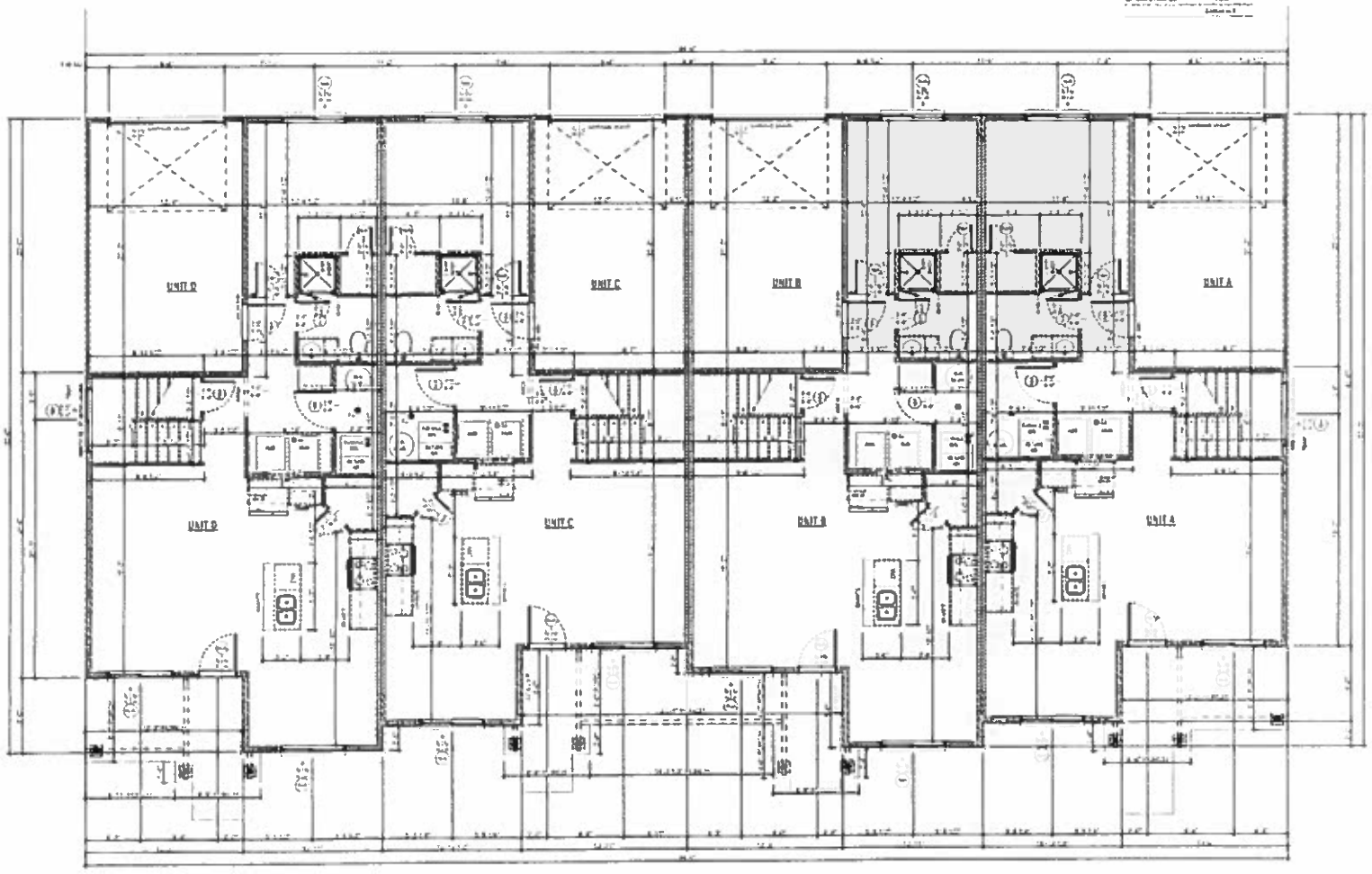
NO PENETRATION OF THE ROOF BY MECANICAL OR PLUMBING SYSTEMS MAYBE MADE WITHIN 4' OF THE UNIT SEPARATION WALLS AS SPECIFIED IRC SECTION R302.2

SQUARE FOOTAGES



BATHROOM BLOCKING DTL





DIMENSION NOTE

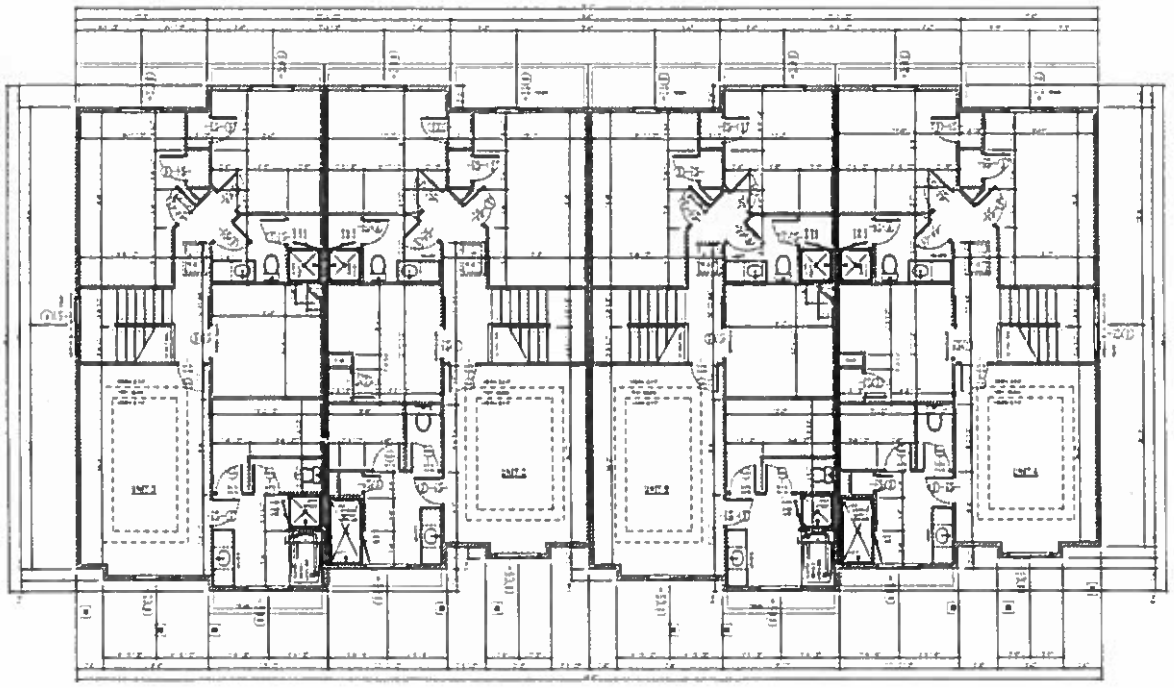
SCALE: 1/4" = 1'

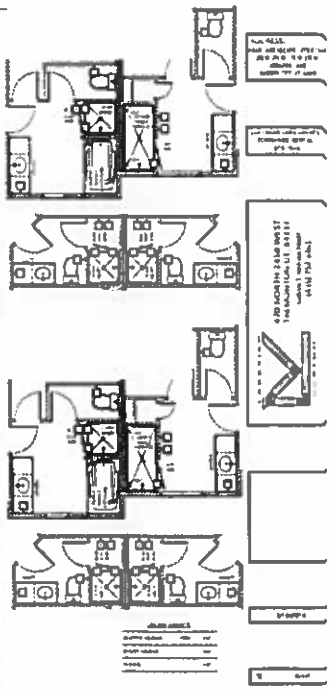
A08

NO PENETRATION OF THE ROOF BY MECANICAL OR PLUMBING SYSTEMS MAYBE MADE WITHIN 4' OF THE UNIT SEPARATION WALLS AS SPECIFIED IRC SECTION R302.2

SQUARE FOOTAGES

BATHROOM BLOCKING DTL





DIMENSION PLAN

SCALE 1/4" = 1

A10

270

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address:
Date of inspection:
Owner:
Property Management:
Contact Name:
Contact Phone #:

		Time limit to correct
Safety Inspections:		
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:		

ORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

ldress:
ıte of inspection:
vner:
operty Management:

eeping oom	Door #1	SR #2	DP 2 #3	DP 3 #4	DP 4 #5	#6	#7	#8	#9	#10
t Ft.	10x12	21x12	10x10	9x5x15.6	10x14					
ıt equired	✓	—	—	✓	✓					
indow(s)	✓	✓	✓	✓	✓	✓				
noke tector	✓	✓	✓	✓	✓					
otal q. Ft.	120	252	100	147.25	140	507.25				

tal Occupancy allowed at this address: 10, shall not include children under the age of three (3).

nimum parking required at this address: 3 Total number of parking spots on Property 5. All vehicles include iler's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

gnature: Date:

spector: 6-24-20

vner/Property Manager: 6-24-20

STAN GOODELL

[illegible] FIRE SAFETY INSPECTION [illegible]

Business Name: BEAR LAKE ESCAPES Inspection Date: 6-30-20

Business Address: 278 SEASONS LN. Suite: Business Phone: [illegible]

No.		Violations	N/A	Location/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		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	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		PASSED	
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		1st / /	
21		Provide spare sprinkler heads and/or compatible wrench			
22		Hood and duct extinguishing system to be serviced and tagged		2nd / /	
23		Remove grease from hood, duct, and filters (keep clean)			
		FIRE ALARM SYSTEMS		Refer to FPB / /	
24	OK	Maintain, repair, inspect, and/or test fire alarm system			
		FIRE SEPARATIONS		3rd / /	
25	OK	Repair holes in required fire resistive construction			
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			
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			
37		Remove combustible storage from boiler, mechanical, or electrical rooms			
38		Reduce storage to 24 " below ceiling or 13" from sprinkler heads			
39		Provide approved metal container from oily rag storage			
40		Remove waste & rubbish material from the premises daily			
41		Keep dumpster 5 ' away from buildings			
42		Clearance from ignition sources			
	NONE	MISCELLSANOUS			
43		Other violations and comments			

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 ___

NO VIOLATIONS NOTED THIS DATE – THANK YOU FOR BEING SAFE

Inspecting Officer: [signature] ID# ___ COMPANY ___ PH ___ F ___

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

GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: Let's Get Away Properties
Owner or Property Management Company Address: 1540 E. Millbrook way Bountiful, UT 84010
Owner or Property Management Company Phone #: (801) 599-7337
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) Zack McKee (435) 757-2131
Contact Persons E-mail address: zackbearlake@gmail.com
Utah State Tax Number: (must be registered to Garden City) 14080940-003-STR

Owner of Property: Clay & Tristan Soelberg	Address of STR Property: 290 W. Sensens Lane Garden City, UT 84028
Owners Phone #: 801-889-7056 801-809-1136	Parcel ID Number: 41-21-412-0001
Owners mailing address: P.O. Box 553 Garden City, UT 84028	Subdivision or resort where property is located: Bear Lake Escapes
Owners e-mail address: clay.soelberg@gmail.com, soelberg90@gmail.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 of the Owner of property — Date: 6/29/2020

Signature of Property Management Company — Date: 6/25/2020

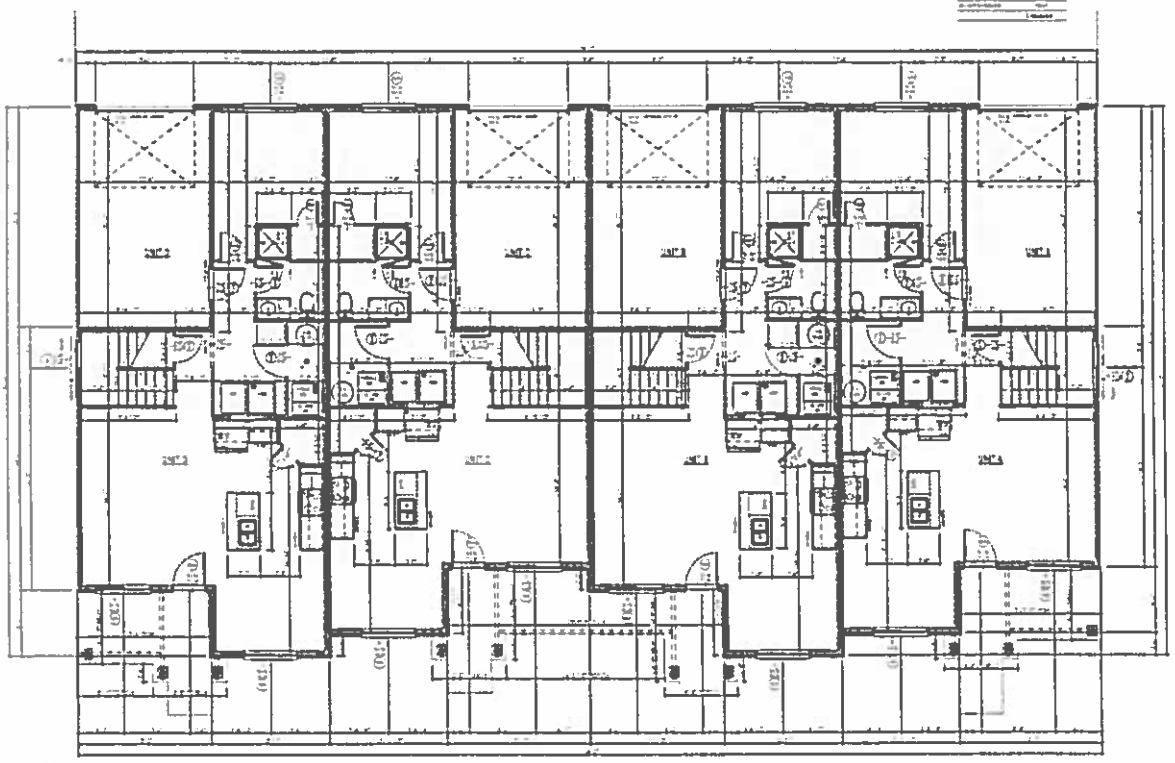
Signature of Contact Person — Date: 2/24/2020

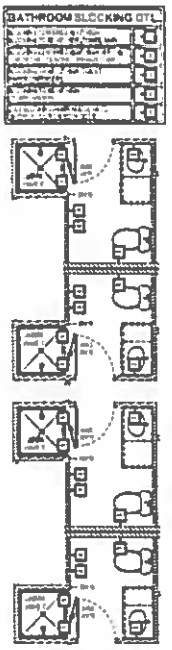
Application fee, **NON-REFUNDABLE**: $100 plus $140 per unit — pd $140.00 6-29-20

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

NO PENETRATION OF THE ROOF BY MECANICAL OR PLUMBING SYSTEMS MAYBE MADE WITHIN 4' OF THE UNIT SEPARATION WALLS AS SPECIFIED IRC SECTION R302.2

SQUARE FOOTAGES





DIMENSION NOTE

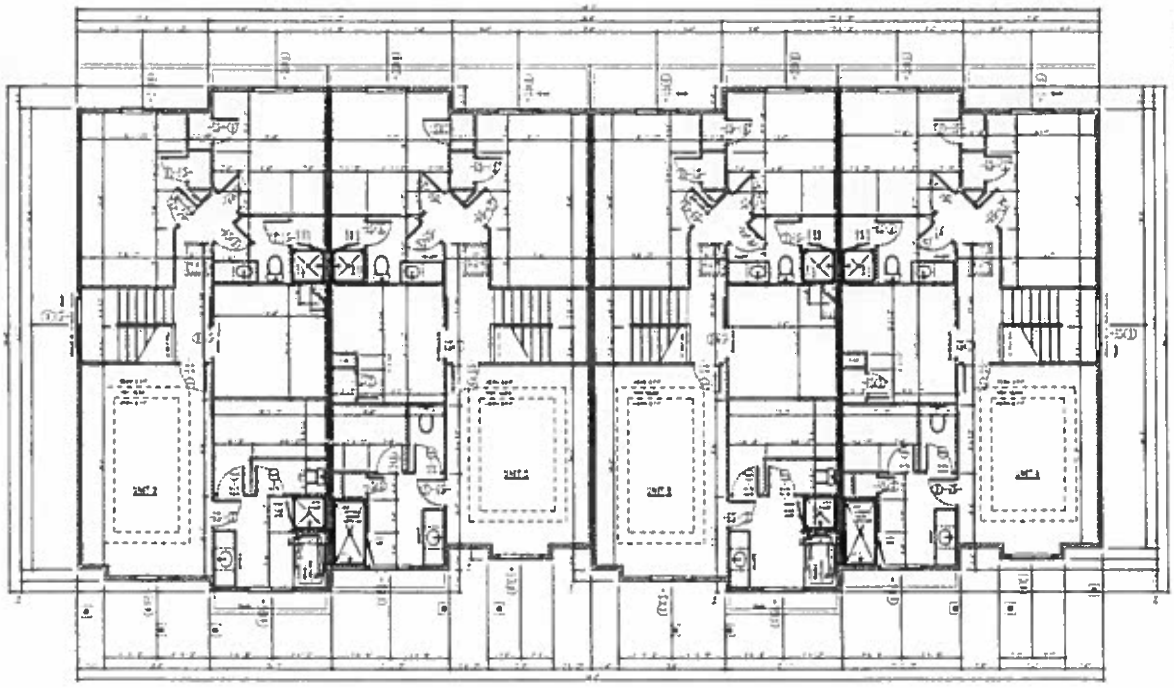
SCALE 1 4' = 1

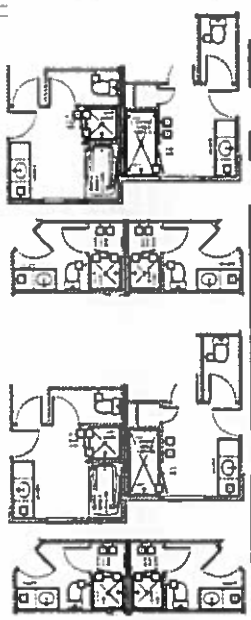
A08

NO PENETRATION OF THE ROOF BY MECANICAL OR PLUMBING SYSTEMS MAYBE MADE WITHIN 4' OF THE UNIT SEPARATION WALLS AS SPECIFIED IRC SECTION R302.2

SQUARE FOOTAGES

BATHROOM BLOCKING DTL





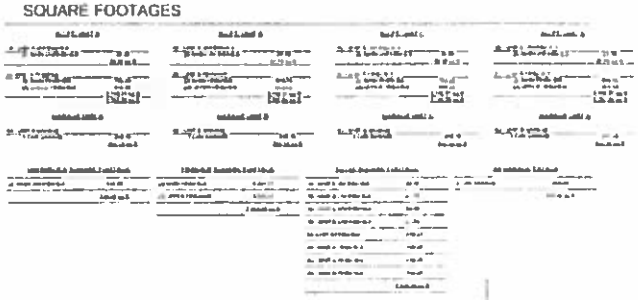
DIMENSION NOTE

SCALE: 1/4" = 1

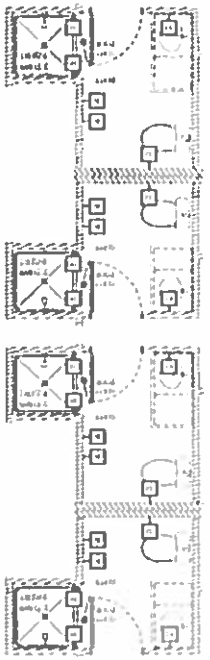
A10

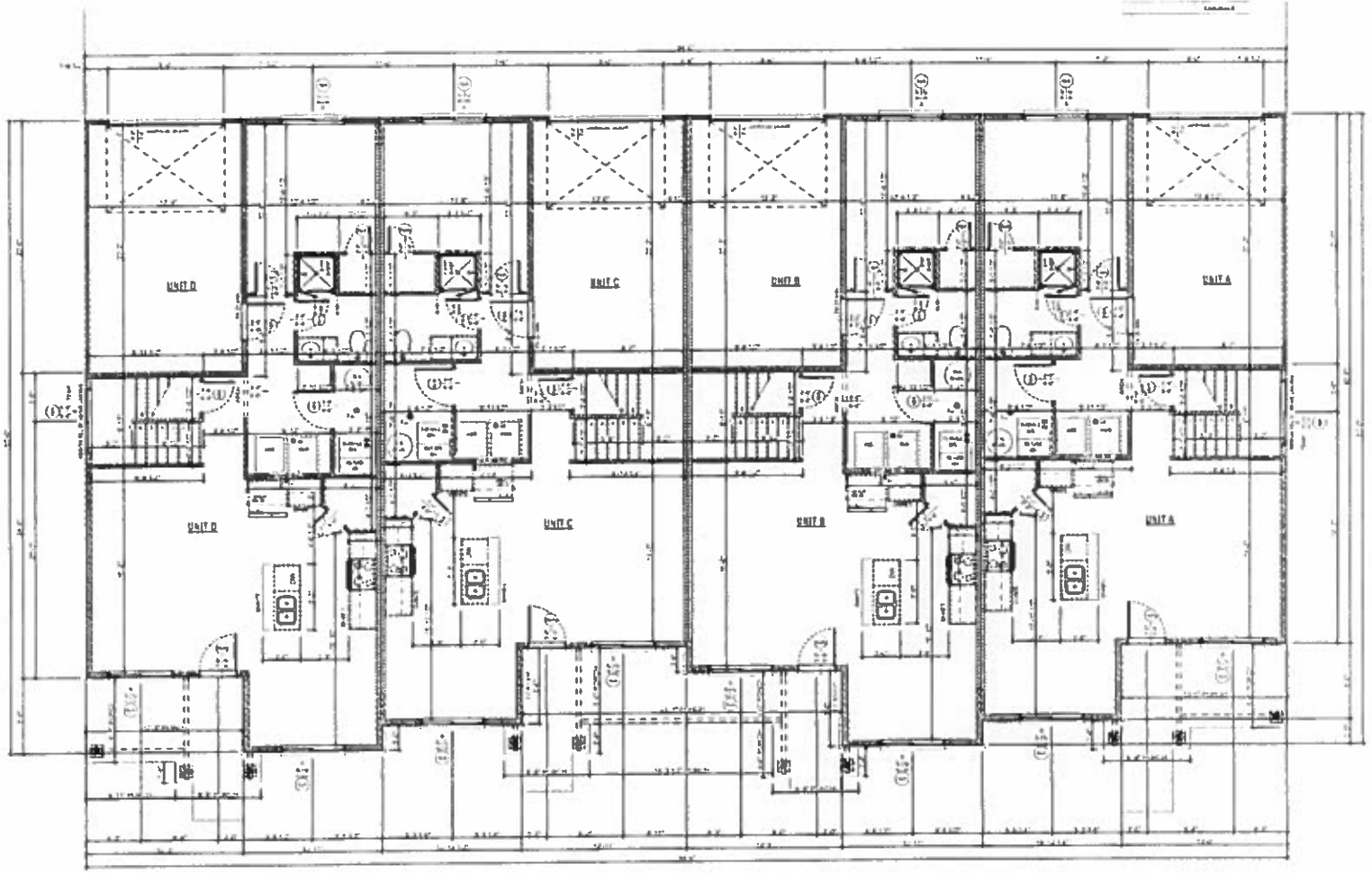
NO PENETRATION OF THE ROOF BY MECANICAL OR PLUMBING SYSTEMS MAYBE MADE WITHIN 4' OF THE UNIT SEPARATION WALLS AS SPECIFIED IRC SECTION R302.2

SQUARE FOOTAGES



BATHROOM BLOCKING DTL.



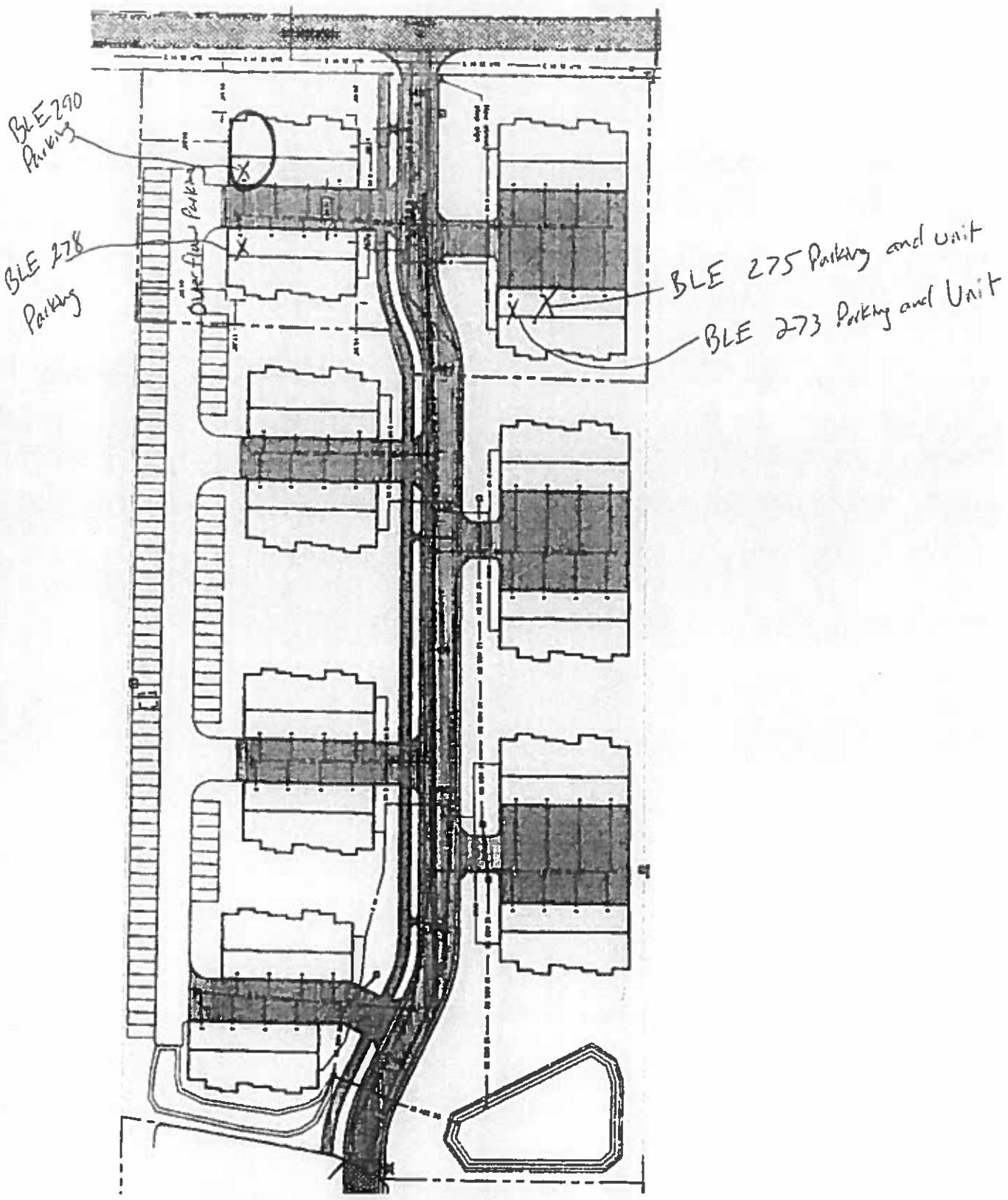


DIMENSION NOTE

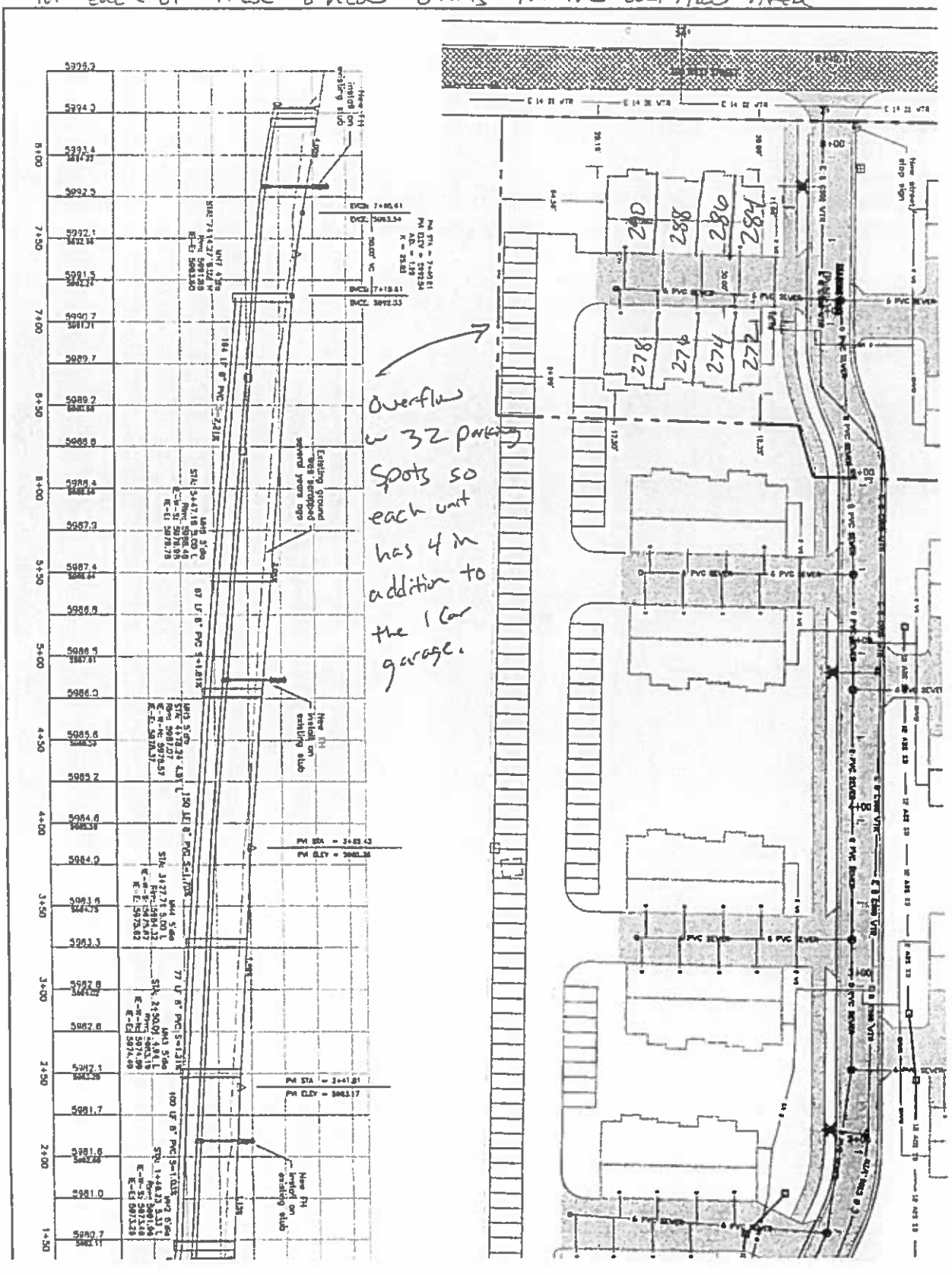
SCALE: 1/4" = 1'

A08

6/8/2020 BLE Cropped Plat with Parking .jpg



Bear Lake Escapes Parking - Each unit has a 1 Car garage and Glen measured 4 parking spots per unit for each of these 8 new units in the overflow Area



ytow
qpi 290

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: _____
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	✓	
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: _____
Contact Name: _____
Contact Phone #: _____

Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
	FR	BDRM 1	UP 1	UP 2	UP 3					
Sq Ft.	12x14	9.5x11	12.5x16	10.5x11	9x15.5					
Exit Required	✓	✓	✓	✓	✓					
Window(s)	✓	✓	✓	✓	✓					
Smoke Detector	✓	✓	✓	✓	✓		727.5 total			
Total Sq. Ft.	160	104.5	200	115.5	139.5					

Total Occupancy allowed at this address: 14, shall not include children under the age of three (3).

Minimum parking required at this address: 4 Total number of parking spots on Property 5. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:
Inspector: _____ Date: June 29, 2020

Owner/Property Manager: _____ June 29, 2020

727.5

STPN Goodell

[illegible] FIRE PROTECTION DISTRICT
[illegible] PO BOX 216 [illegible]
GARDEN CITY, [illegible]
[illegible]
FIRE/LIFE SAFETY INSPECTION REPORT

Business Name: BEAR LAKE ESCAPES Inspection Date: 6-30-20

Business Address: 290 SEASONS LN. Suite: Business Phone: _____

No		Violations	No	Location/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		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	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		PASSED	
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	1st	/ /	
21		Provide spare sprinkler heads and/or compatible wrench			
22		Hood and duct extinguishing system to be serviced and tagged	2nd	/ /	
23		Remove grease from hood, duct, and filters (keep clean)			
		FIRE ALARM SYSTEMS	Refer to FPB	/ /	
24	OK	Maintain, repair, inspect, and/or test fire alarm system			
		FIRE SEPARATIONS	3rd	/ /	
25	OK	Repair holes in required fire resistive construction			
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			
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			
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		Keep dumpster 5 ' away from buildings			
42		Clearance from ignition sources			
		MISCELLSANOUS			
43	NONE	Other violations and comments			

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

NO VIOLATIONS NOTED THIS DATE – THANK YOU FOR BEING SAFE

Inspecting Officer: _____

FF's ___ COMPANY ___ Shift ___

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

GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: Let's Get Away Properties
Owner or Property Management Company Address: 1540 E. Millbrook Way Bountiful, UT 84010
Owner or Property Management Company Phone #: (801) 599-7337
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) Zack McKee (435) 757-2131
Contact Persons E-mail address: zackbearlake@gmail.com
Utah State Tax Number: (must be registered to Garden City) 14080940-003-STR

Owner of Property: William Frank Weiler & Victoria Weiler	Address of STR Property: 275 w. Seasons Ln
Owners Phone #: 801-628-0118 & 801-425-5525	Parcel ID Number: 41-21-412-0011
Owners mailing address: 3518 Cranefield Rd. Clinton, UT 84015	Subdivision or resort where property is located: Bear Lake Escapes PUD
Owners e-mail address: wfweiler3@gmail.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.

William Lee (Mr.) Miller — 5/21/20
Signature of the Owner of property — Date

[signature] — 6/2/20
Signature of Property Management Company — Date

Zack Miller — 5/24/2020
Signature of Contact Person — Date

Application fee, NON-REFUNDABLE. $100 plus $140 per unit — pd 140.00 6-4-20

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

DRAWING INDEX

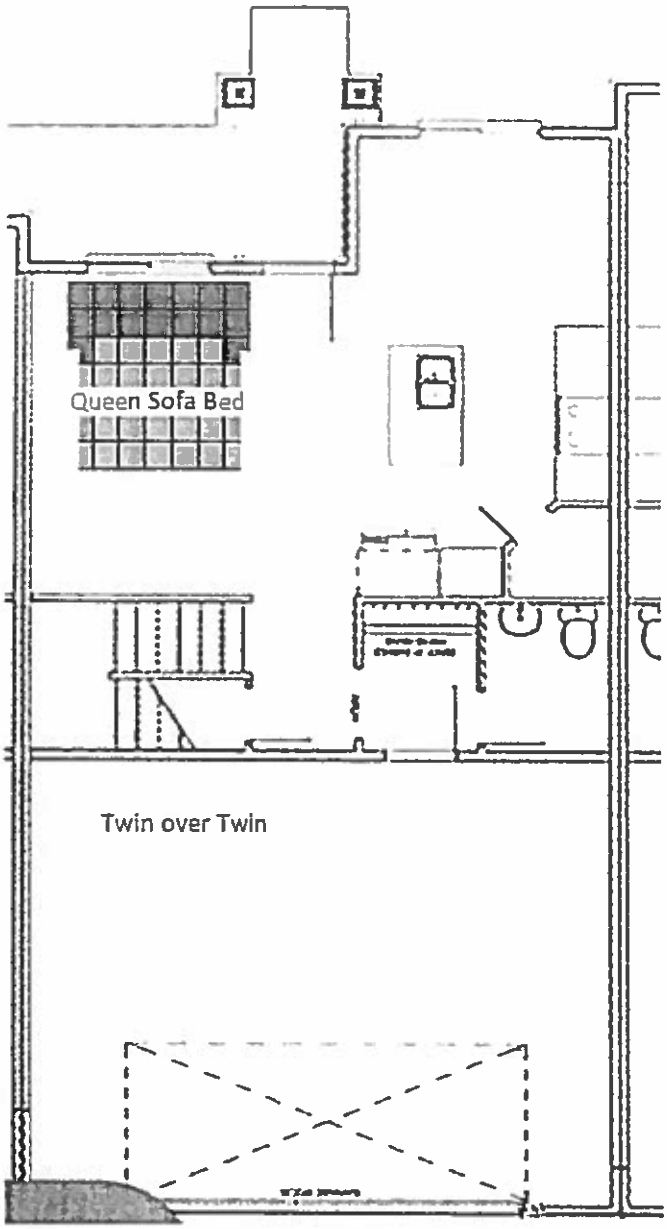
A01 COVER SHEET
A02 GENERAL NOTES
A03 GENERAL STRUCTURAL NOTES
A04 SITE PLAN
A05 FRONT & REAR ELEVATIONS
A06 RIGHT & LEFT ELEVATIONS
A07 FOUNDATION PLAN
A08 MAIN FLOOR PLAN
A09 UPPER FLOOR JOIST
A10 UPPER FLOOR PLAN
A11 ROOF PLAN
A12 MAIN ELECTRICAL
A13 UPPER ELECTRICAL
A14 MAIN FLOORING
A15 UPPER FLOORING
A16 WALL SECTION
SD1 STRUCTURAL DETAILS
SD2 STRUCTURAL DETAILS
SD3 STRUCTURAL DETAILS

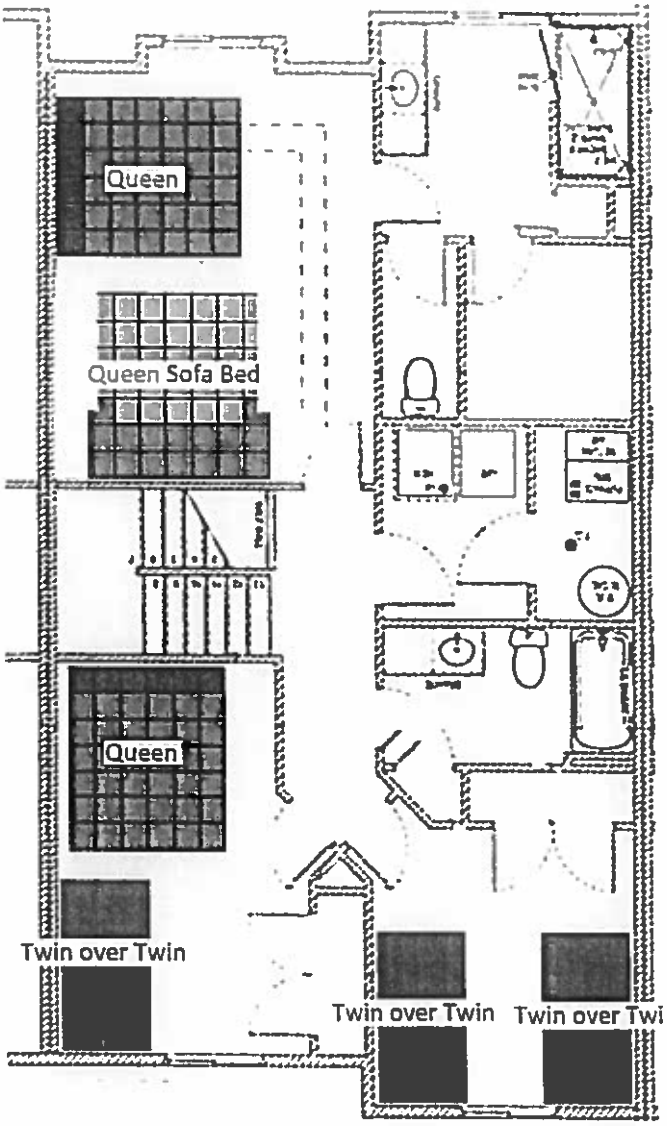
PROFESSIONALS

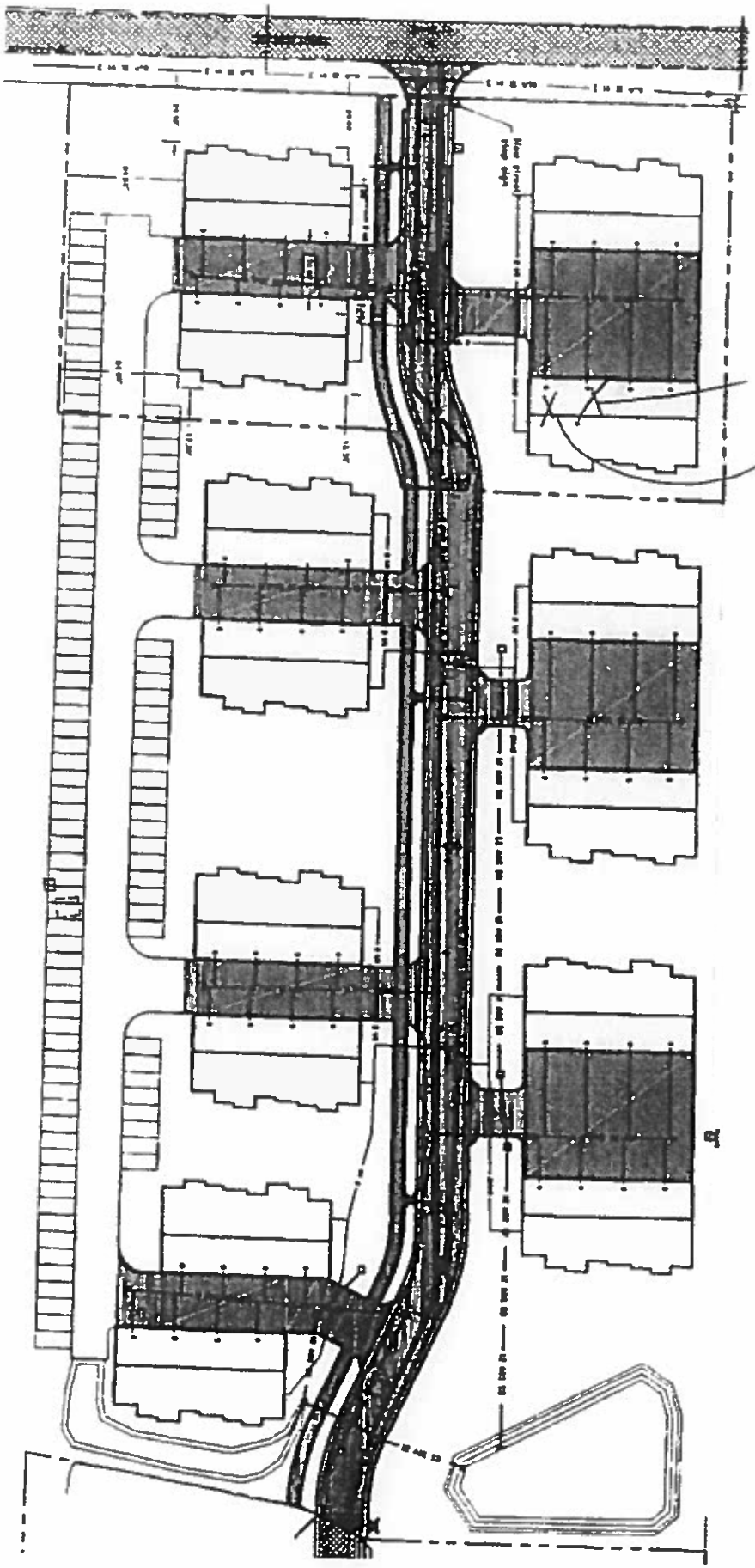
SQUARE FOOTAGES

GENERAL NOTES

A01

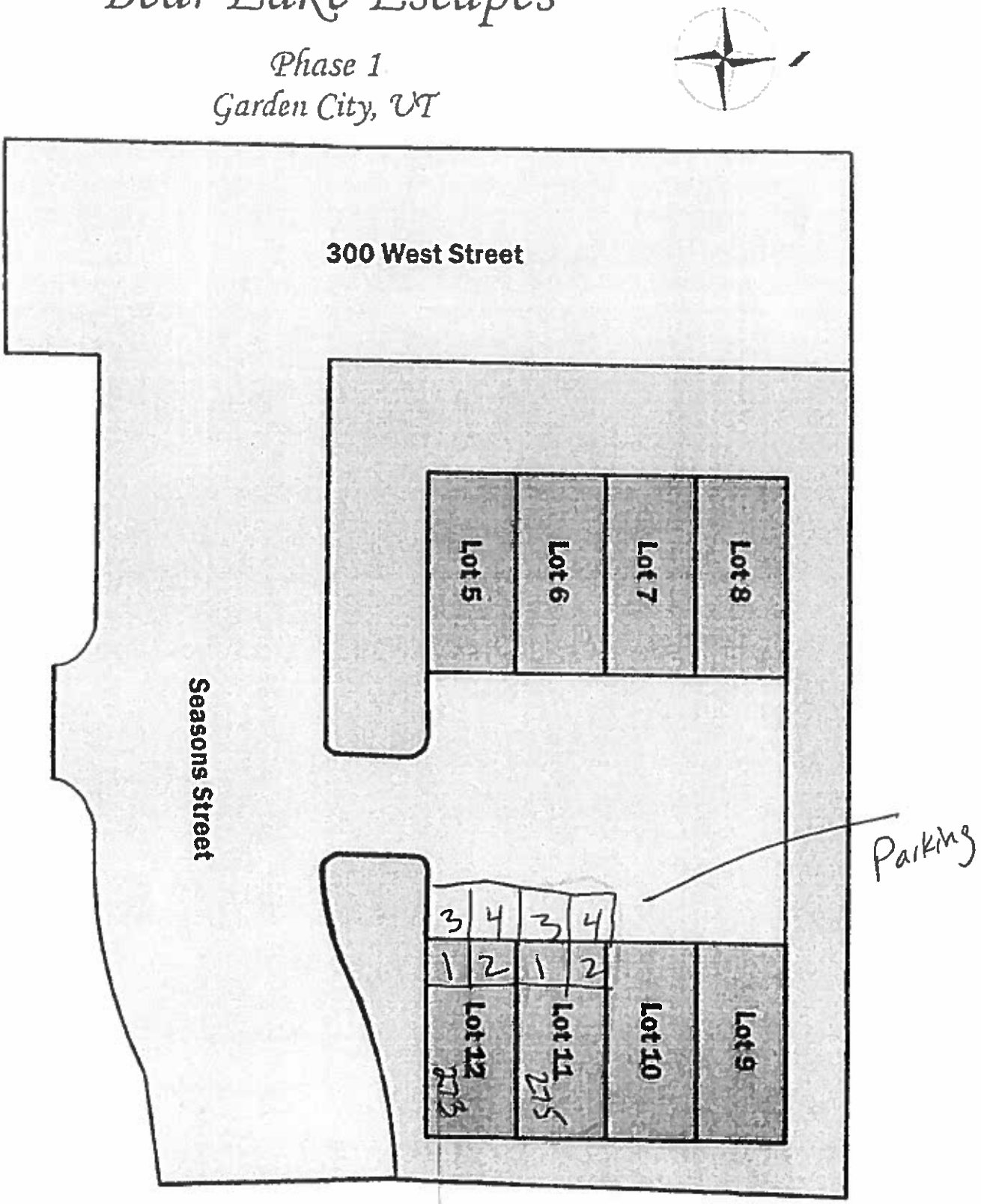

Queen Sofa Bed
Twin over Twin


Queen
Queen Sofa Bed
Queen
Twin over Twin
Twin over Twin
Twin over Twi


BLE 275 Parking and Unit
BLE 273 Parking and Unit

Bear Lake Escapes

Phase 1
Garden City, UT



SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 275 W. Seasons Ln Garden City, UT 84028
Date of inspection: 6/8/20
Owner: Frank & Victoria Weiler
Property Management: Let's Get Away Properties
Contact Name: Zack McKee
Contact Phone #: (435) 757-2131

Safety Inspections:		Time limit to correct:
Handrails/Guardrails	✓	
Outdoor lights	✓	
Entry lights	✓	
Water 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: _____

Contact Name: _____

Contact Phone #: _____

Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	11.5 x 14	12.5 x 16	9.5 x 15.5	11 x 10.5						
Exit Required	✓	✓	✓	✓						
Window(s)	✓	✓	✓	✓						
Smoke Detector	✓	✓	✓	✓						
Total Sq. Ft.	175	200	147.25	115.5	637.25 sq ft					

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.

Signatures:

Inspector: _____ Date: 06-05-20

Owner/Property Manager: _____ 6-8-20

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 245 Cedar Drive
Date of inspection: June 12, 2020
Owner: Dave & Gloria Robinson
Property Management: Bear Lake Luxury Rentals
Contact Name: Cody Miller
Contact Phone #: ~~801-571-0964~~ 435-554-8237 Ext 0

Safety Inspections:		Time limit to correct:
Handrails/Guardrails	✓	
Outdoor lights	✓	
Entry lights	✓	
Water 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: _____
Contact Name: _____
Contact Phone #: _____

Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	10x20	12x15	14x13	16x10	16x10	12x28	14x28			
Exit Required	ok	ok	ok	ok	ok	ok	ok			
Window(s)	ok	ok	ok	ok	ok	ok	ok			
Smoke Detector	ok	ok	ok	ok	ok	ok	ok			
Total Sq. Ft.	360	180	182	160	160	336	392			

Total Occupancy allowed at this address: 35, 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.

Signatures:
Inspector: _____ Date: June 12, 2020

Owner/Property Manager: _____ _____

1 of 2

STAN GOODELL

Business Name: WILLIAM & VICTORIA WEILER Date: 6-8-21

Business Address: 275 W. SEASONS LN.

No		Violations	Re-inspection dates		Inspector
		ACCESS			
1	OK	Maintain fire lane free of obstructions			
2		Provide address number sign which is visible from street	MOUNT FIRE EXTINGUISHER		
3		Provide supra box for fire department 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	OK	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	PASSED		
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	1st	/ /	
21		Provide spare sprinkler heads and/or compatible wrench			
22		Hood and duct extinguishing system to be serviced and tagged	2nd	/ /	
23		Remove grease from hood, duct, and filters (keep clean)			
		FIRE ALARM SYSTEMS	Refer to FPB	/ /	
24		Maintain, repair, inspect, and/or test fire alarm system			
		FIRE SEPARATIONS	3rd	/ /	
25		Repair holes in required fire resistive construction			
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 manner			
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 manner			
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		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	✓	Keep dumpster 5' away from buildings			
42		Clearance from ignition source			
	NONE	MISCELLANOUS			
43		Other violations and comments			
NO VIOLATIONS NOTED THIS DATE – THANK YOU FOR BEING SAFE					

You are hereby notified to correct all violations noted hereon or show cause why you should not be required to do so. 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 prescribed time may be processed as criminal offenses. We appreciate your attention and cooperation in eliminating the frequent life loss in your community.

By ORDER OF THE FIRE CHIEF

Inspecting officer: _____

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

GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: Let's Get Away Properties
Owner or Property Management Company Address: 1540 E. Millbrook Way, Bountiful, UT 84010
Owner or Property Management Company Phone #: (801) 599-7337
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7) Zack McKee (435) 757-2131
Contact Persons E-mail address: Zackbearlake@gmail.com
Utah State Tax Number: (must be registered to Garden City) 14080940-003-STR

Owner of Property: Josh & Abigail Roberts	Address of STR Property: 273 w. Seasons Ln. Garden City, UT 84028
Owners Phone #: (801) 721-2217	Parcel ID Number: 41-21-412-0017
Owners mailing address: 992 w. Zenyatta Way Kaysville, UT 84037	Subdivision or resort where property is located: Bear Lake Escapes
Owners e-mail address: Josh.roberts.6@gmail.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 of the Owner of property — Date: 10/24/19

Signature of Property Management Company — Date: 6/2/20

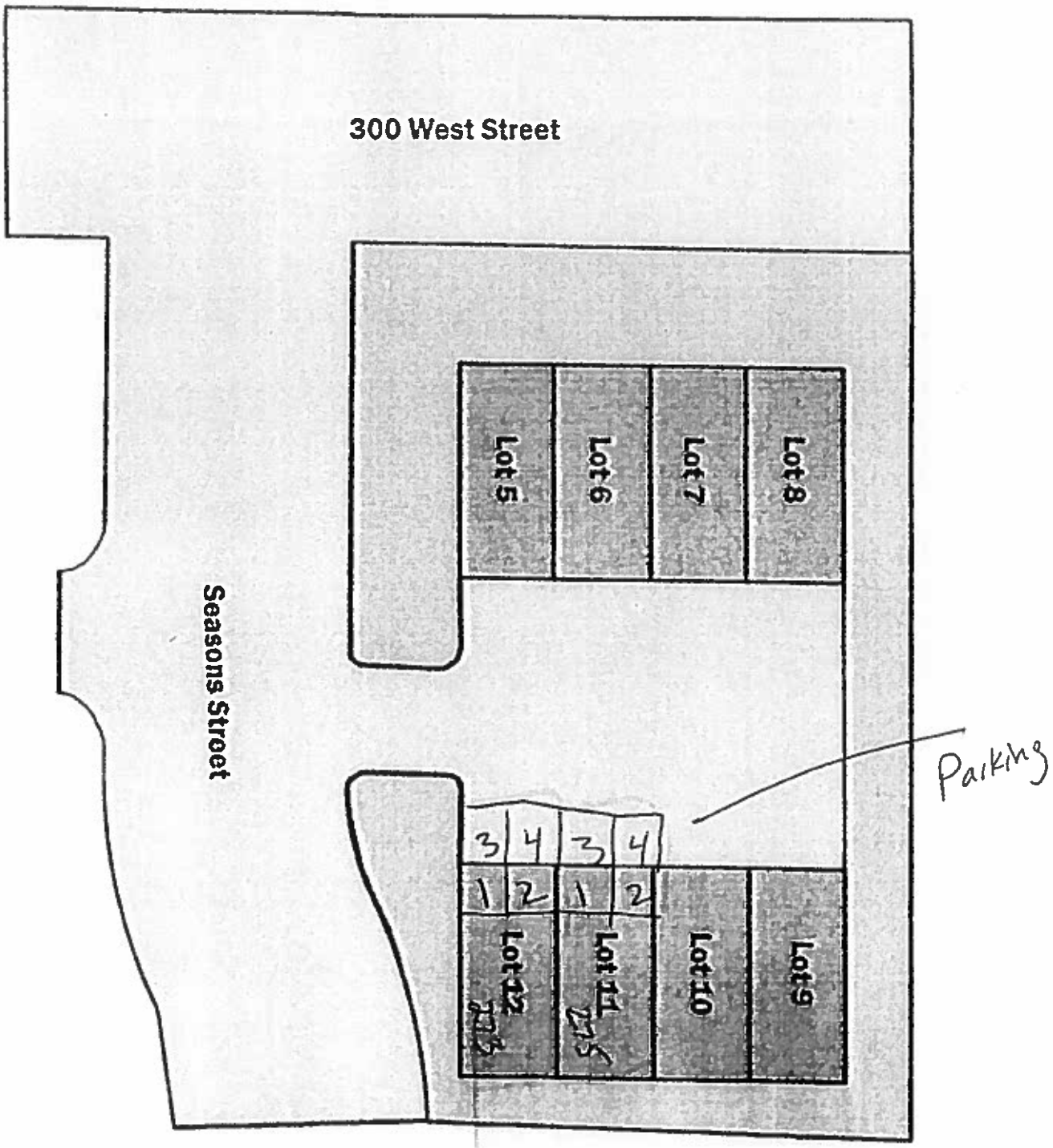
Zack McKee — Signature of Contact Person — Date: 6/3/2020

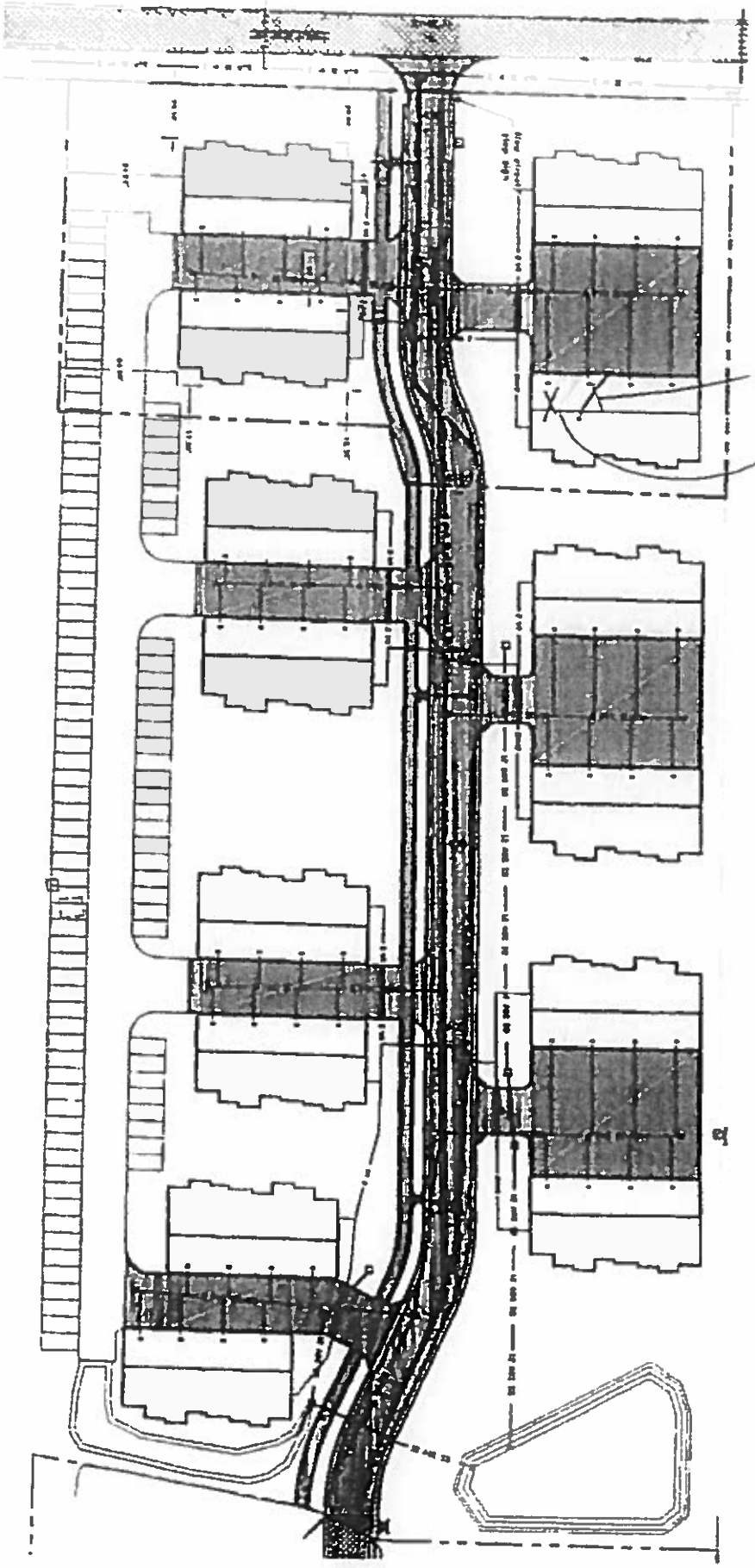
Application fee, **NON-REFUNDABLE**: $100 plus $140 per unit — pd $140.00

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

Bear Lake Escapes

Phase 1
Garden City, UT

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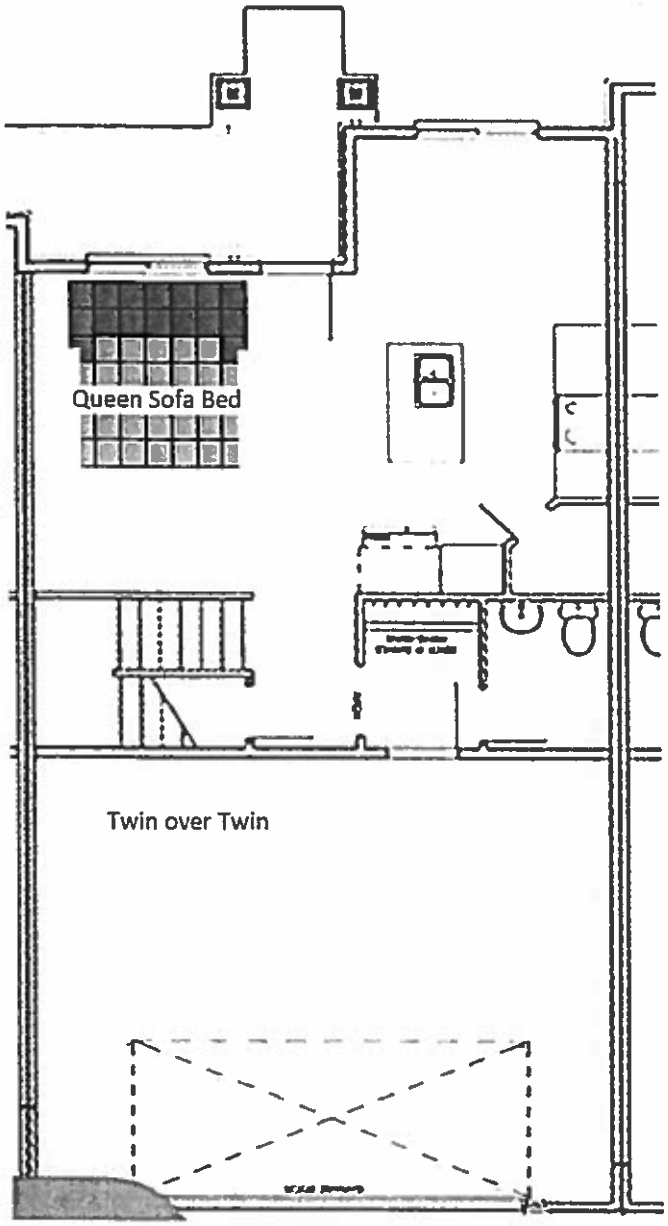
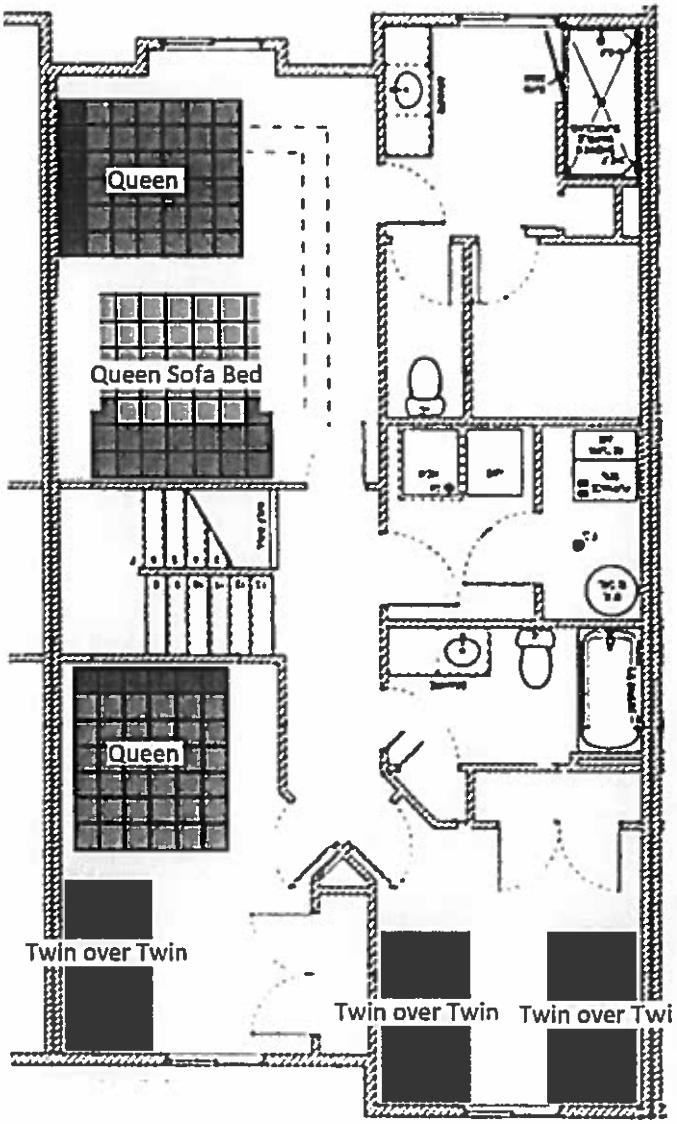
BLE 273 Parking and Unit


Queen Sofa Bed
Twin over Twin


Queen
Queen Sofa Bed
Queen
Twin over Twin
Twin over Twin
Twin over Twi

273

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address:
Date of inspection:
Owner:
Property Management:
Contact Name:
Contact Phone #:

		Time limit to correct
Safety Inspections:		
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:		

5D

ORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

lress:
e of inspection:
ner:
perty Management:

ping m	L.R.	#2 UP	#3 UP	#4 UP3	#5	#6	#7	#8	#9	#10
t.	11.5x11	19x12.	~~8~~ 8.5x16	11x10						
	/	/	/	/						
ired										
dow(s)	/	/	/	✓						
ke	/	/	/	✓						
etor					650.					
d Ft.	184	228	136.	110						

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

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

ature: Date:

ector:

er/Property Manager: 6-24-20

STAN GOODELL

FIRE/LIFE SAFETY INSPECTION REPORT

Business Name: BEAR LAKE ESCAPES Inspection Date: 6-30-20

Business Address: 273 SEASONS LANE Suite: 273 Business Phone:

No.		Violations	No.	Location / 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		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	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		PASSED	
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	1st	/ /	
21		Provide spare sprinkler heads and/or compatible wrench			
22		Hood and duct extinguishing system to be serviced and tagged	2nd	/ /	
23		Remove grease from hood, duct, and filters (keep clean)			
		FIRE ALARM SYSTEMS	Refer to FPB	/ /	
24	OK	Maintain, repair, inspect, and/or test fire alarm system			
		FIRE SEPARATIONS	3rd	/ /	
25	OK	Repair holes in required fire resistive construction			
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			
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			
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		Keep dumpster 5 ' away from buildings			
42		Clearance from ignition sources			
	NOVS	MISCELLANOUS			
43		Other violations and comments			

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 ___ agent

NO VIOLATIONS NOTED THIS DATE -- THANK YOU FOR BEING SAFE

Inspecting Officer: [signature] Shift ___ Badge ___

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

GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: Lets Get Away Property Management
Owner or Property Management Company Address: 65 w. Logan Rd # 10, Garden City, UT
Owner or Property Management Company Phone #: Stan Goodell 801.599.7337
Emergency Contact Name and Phone #: Gary McKee 435.757.6430 (must live within 15 minutes of property & be available 24/7) Zach McKee [illegible] Amber McKee 435.757.2092
Contact Persons E-mail address: amber@bearlakerealty.com
Utah State Tax Number: (must be registered to Garden City) 14080940-003-STR

Owner of Property: Gary & Amber McKee	Address of STR Property: 35 E Spinnaker Point Dr #1, GC, UT
Owners Phone #: 435.757.6430/435.757.2092	Parcel ID Number: 41-16-050-0101
Owners mailing address: PO Box 44, Laketown UT 84038	Subdivision or resort where property is located: Spinnaker Point
Owners e-mail address: amber@bearlakerealty.com	Zone - Beach Development

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.

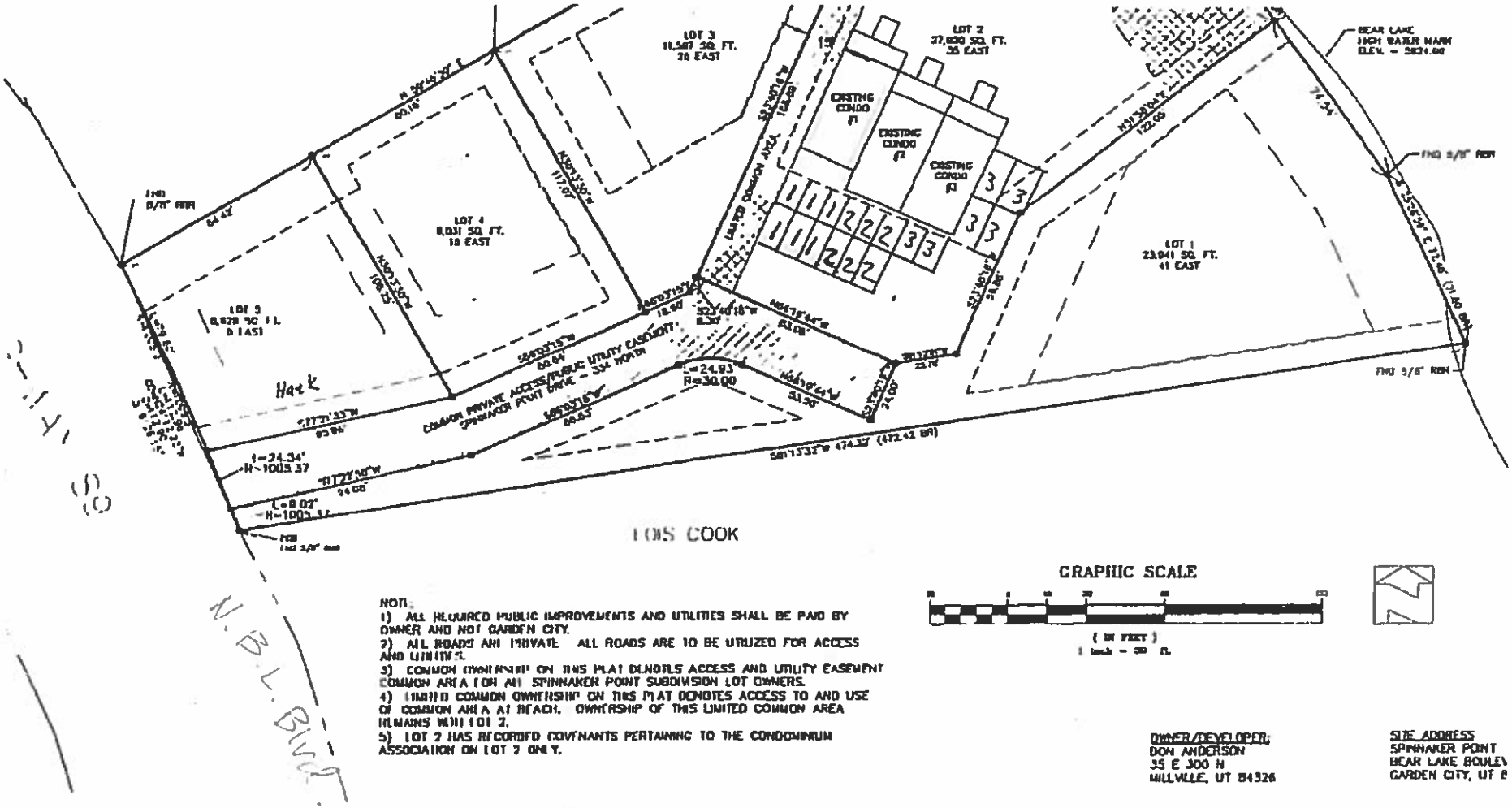
Amun McKee — 5-27-2020
Signature of the Owner of property — Date

_____ — _____
Signature of Property Management Company — Date

Amun McKee — 5-27-2020
Signature of Contact Person — Date

Application fee, **NON-REFUNDABLE**: $100 plus $140 per unit — pd $140.00 6-5-20

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



NOTE:
1) ALL REQUIRED PUBLIC IMPROVEMENTS AND UTILITIES SHALL BE PAID BY OWNER AND NOT GARDEN CITY.
2) ALL ROADS ARE PRIVATE. ALL ROADS ARE TO BE UTILIZED FOR ACCESS AND UTILITIES.
3) COMMON OWNERSHIP ON THIS PLAT DENOTES ACCESS AND UTILITY EASEMENT COMMON AREA FOR ALL SPINNAKER POINT SUBDIVISION LOT OWNERS.
4) LIMITED COMMON OWNERSHIP ON THIS PLAT DENOTES ACCESS TO AND USE OF COMMON AREA AT BEACH. OWNERSHIP OF THIS LIMITED COMMON AREA REMAINS WITH LOT 2.
5) LOT 2 HAS RECORDED COVENANTS PERTAINING TO THE CONDOMINIUM ASSOCIATION ON LOT 2 ONLY.

GRAPHIC SCALE

(IN FEET)
1 inch = 30 ft.

OWNER/DEVELOPER:
DON ANDERSON
35 E 300 N
MILLVILLE, UT 84326

SITE ADDRESS
SPINNAKER POINT
BEAR LAKE BOULEV
GARDEN CITY, UT 8

PLANNING COMMISSION APPROVAL

APPROVED THIS ... DAY OF ... A.D. 2001 BY THE GARDEN CITY PLANNING AND ZONING COMMISSION.

CHAIRPERSON

COUNCIL APPROVAL AND ACCEPTANCE

PRESENTED TO THE GARDEN CITY COUNCIL THIS 12th DAY OF July A.D. 2001. AT WHICH TIME THIS SUBDIVISION WAS APPROVED AND ACCEPTED.

COUNCIL CHAIRPERSON

ATTEST

BEAR LAKE SPECIAL SERVICE DIS

APPROVED THIS 25th DAY OF July A.D. 2001 BY THE BEAR L
SPECIAL SERVICE DISTRICT.

DISTRICT SANITA

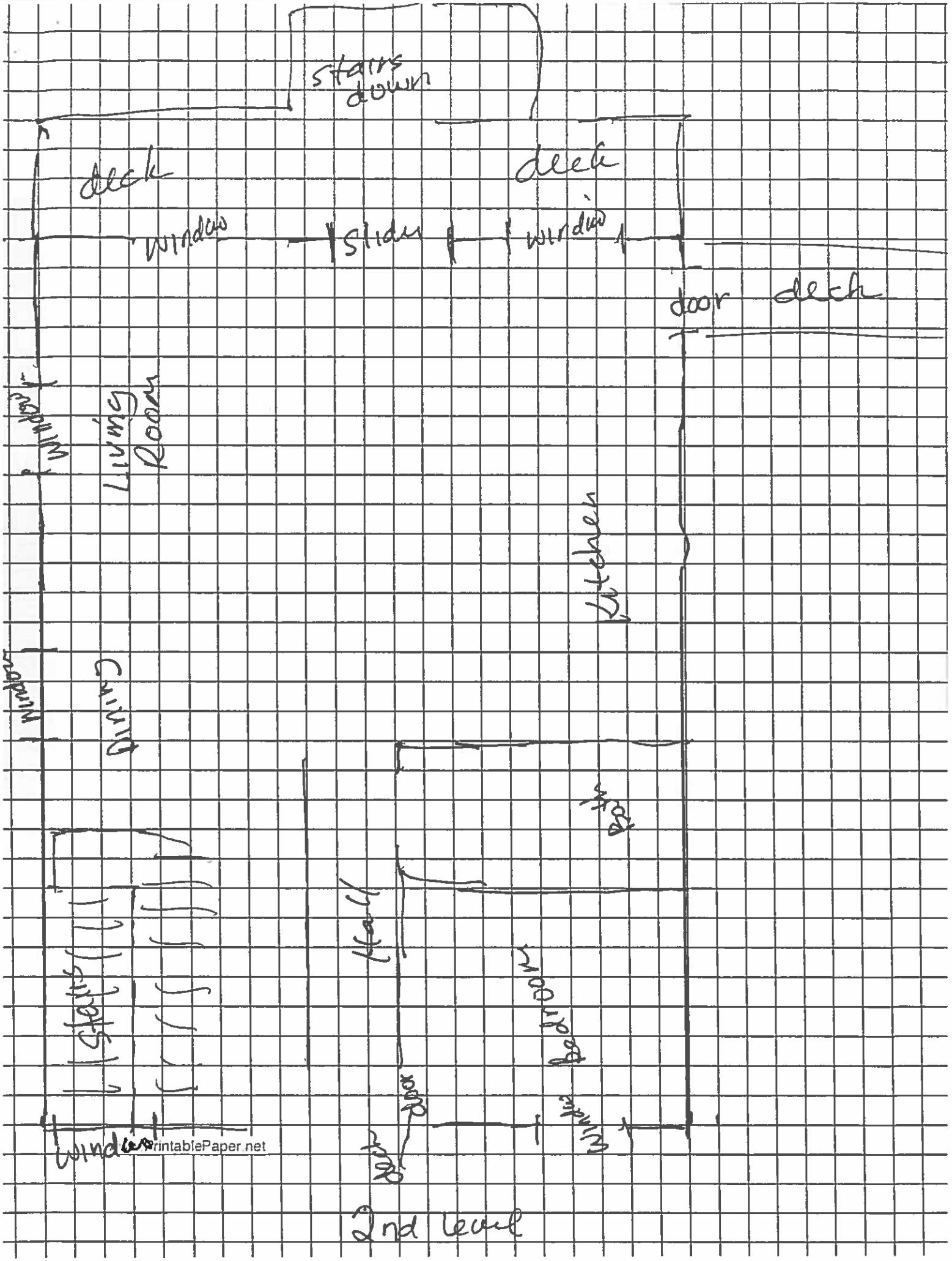
APPROVAL AS TO FORM

APPROVED AS TO FORM THIS 31 DAY OF August A.D. 2001.

ENGINEER'S CERTIFICATE

I CERTIFY THAT I HAVE EXAMINED THIS PLAT AND FIND IT TO BE CORRECT AND IN ACCORDANCE WITH THE INFORMATION ON FILE IN THIS OFFICE.

CACHE • LA
666 NORTH MAIN
PHONE: (435) 76



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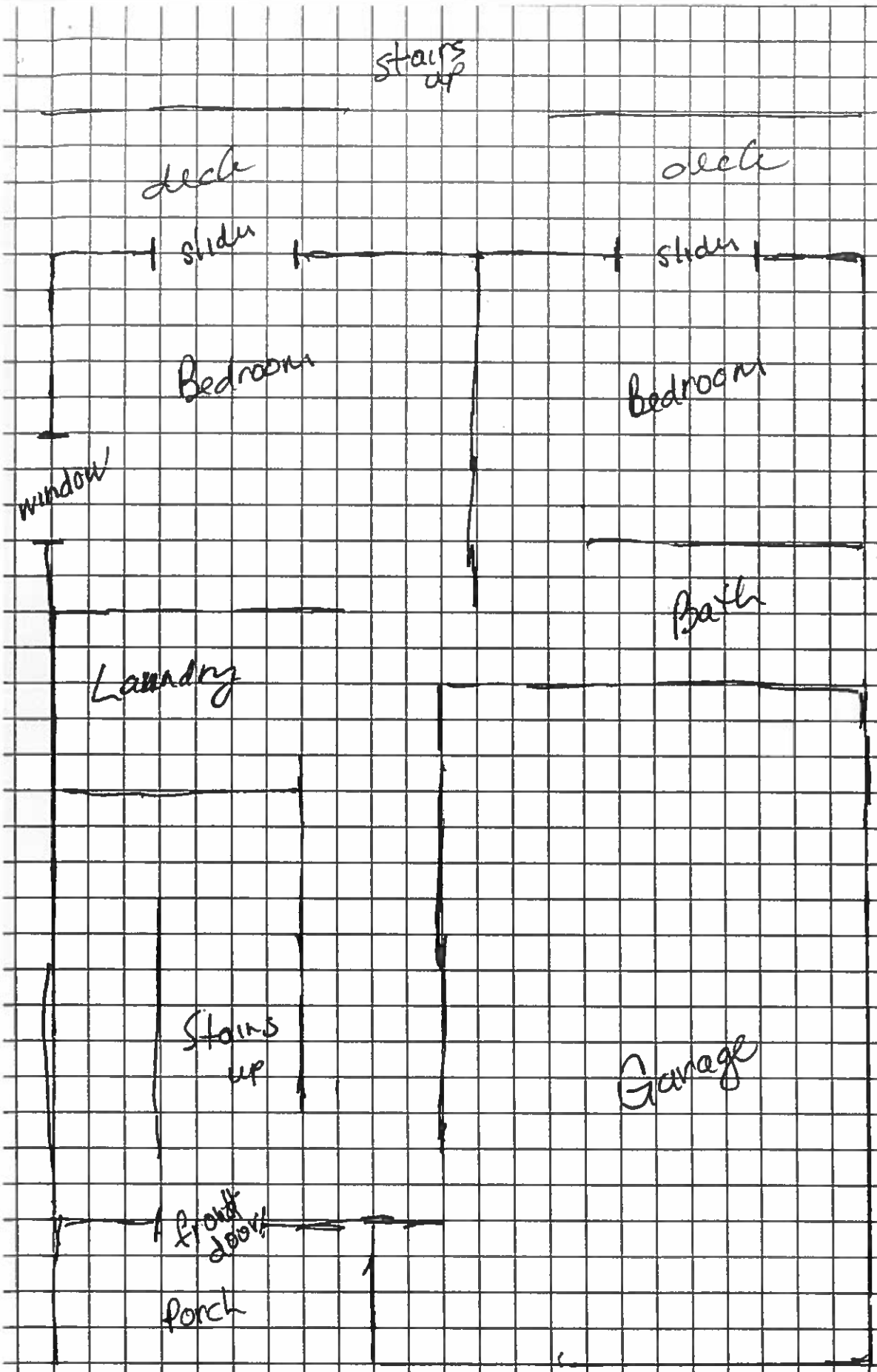
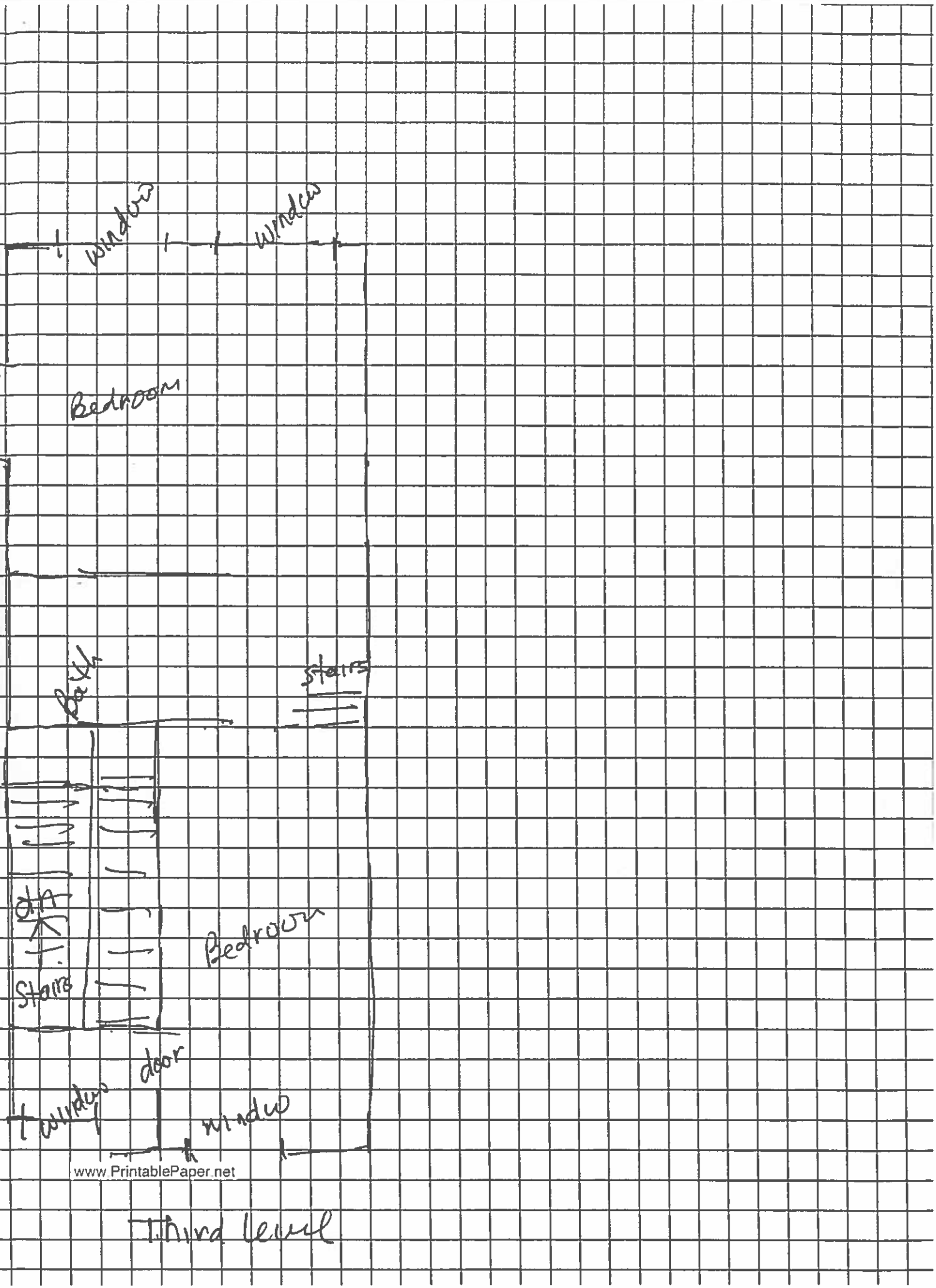


www.PrintablePaper.net

Ground Floor



www.PrintablePaper.net

Third level

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: Spinner Point #1
Date of inspection: 6/18/20
Owner: Gary & Amber McKee
Property Management: Let's Get Away Properties
Contact Name: Zack McKee
Contact Phone #: (435) 757-2131

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

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

Address: _____

Date of inspection: _____

Owner: _____

Property Management: _____

Contact Name: _____

Contact Phone #: _____

Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	10.5x12	11x14	9.5 x12.5	13x10	12.5 x11					
Exit Required	✓	✓	✓	✓	✓					
Window(s)	✓	✓	✓	✓	✓					
Smoke Detector	✓	✓	✓	✓	✓					
Total Sq. Ft.	126	154	118.75	130	137.5		666.25			

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

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

Signatures:
Inspector: _____ Date: 6-8-20

Owner/Property Manager: _____

S. SAN Goodell

GROVER CITY FIRE DISTRICT

FIRE SAFETY INSPECTION

Business Name: Gary McKee Inspection Date: 6-8-20

Business Address: 35 E SPINNAKER PT. Unit: #1

No.		Violations	No.	Location/Corrections	Cleared
		ACCESS	12.	NEEDS FIRE EXTINGUISHER MOUNTED IN KITCHEN	/ /
1	O/C	Maintain fire lane free of obstructions			
2		Provide address numbering which is visible from street			
3		Provide supra box for fire dept. access			
		EXITING	#12		
4	O/C	Remove obstructions at exits, doors, aisles, corridors, stairways, etc.	#12		/ /
5		Exit door to open without a key or any special knowledge or effort	#16		
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	#24		/ /
10		Remove storage from attic, under-floor and concealed spaces		NEED SMOKE DETECTORS MOUNTED IN ALL BEDROOMS	
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	1st	/ /	
21		Provide spare sprinkler heads and/or compatible wrench			
22		Hood and duct extinguishing system to be serviced and tagged	2nd	/ /	
23		Remove grease from hood, duct, and filters (keep clean)			
		FIRE ALARM SYSTEMS	Refer to FPB	/ /	
24		Maintain, repair, inspect, and/or test fire alarm system			
		FIRE SEPARATIONS	3rd	/ /	
25	O/C	Repair holes in required fire resistive construction			
26	O/C	Provide/repair self or automatic closing fire rated assemblies	Hearing	/ /	
		ELECTRICAL			
27	O.C	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	O/C	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	O/C	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		Keep dumpster 5 ' away from buildings			
42		Clearance from ignition sources			
		MISCELLSANOUS			
43		Other violations and comments			

NO VIOLATIONS NOTED THIS DATE -- THANK YOU FOR BEING SAFE

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 fire and life loss in your community

BY ORDER OF THE FIRE CHIEF

SIGNATURE OF PERSON

Operating Officer

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

Welcome to Garden City Utah

Where Families Play

GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name:	Cx2 Properties
Owner or Property Management Company Address:	2547 E 8240 S Ogden, UT 84405
Owner or Property Management Company Phone #:	801 628 3836 or 801 390 7734 Cori Fenton
Emergency Contact Name and Phone #: (must live within 15 minutes of property & be available 24/7)	Melinda Harris 435-890-8964
Contact Persons E-mail address:	melindaharris12@hotmail.com
Utah State Tax Number: (must be registered to Garden City)	~~62-2314603~~ Temp #09523390-72

Owner of Property: Cx2 Properties	Address of STR Property: 481 S Balsamorhiza Rd
Owners Phone #: 801 628 3836 or 801 390 7734	Parcel ID Number: ~~Lot 23~~ 41-30-091-0023
Owners mailing address: 2547 E 8240 S Ogden, UT 84405	Subdivision or resort where property is located: Shundahai
Owners e-mail address: Cx2PropertiesLLC@gmail.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.

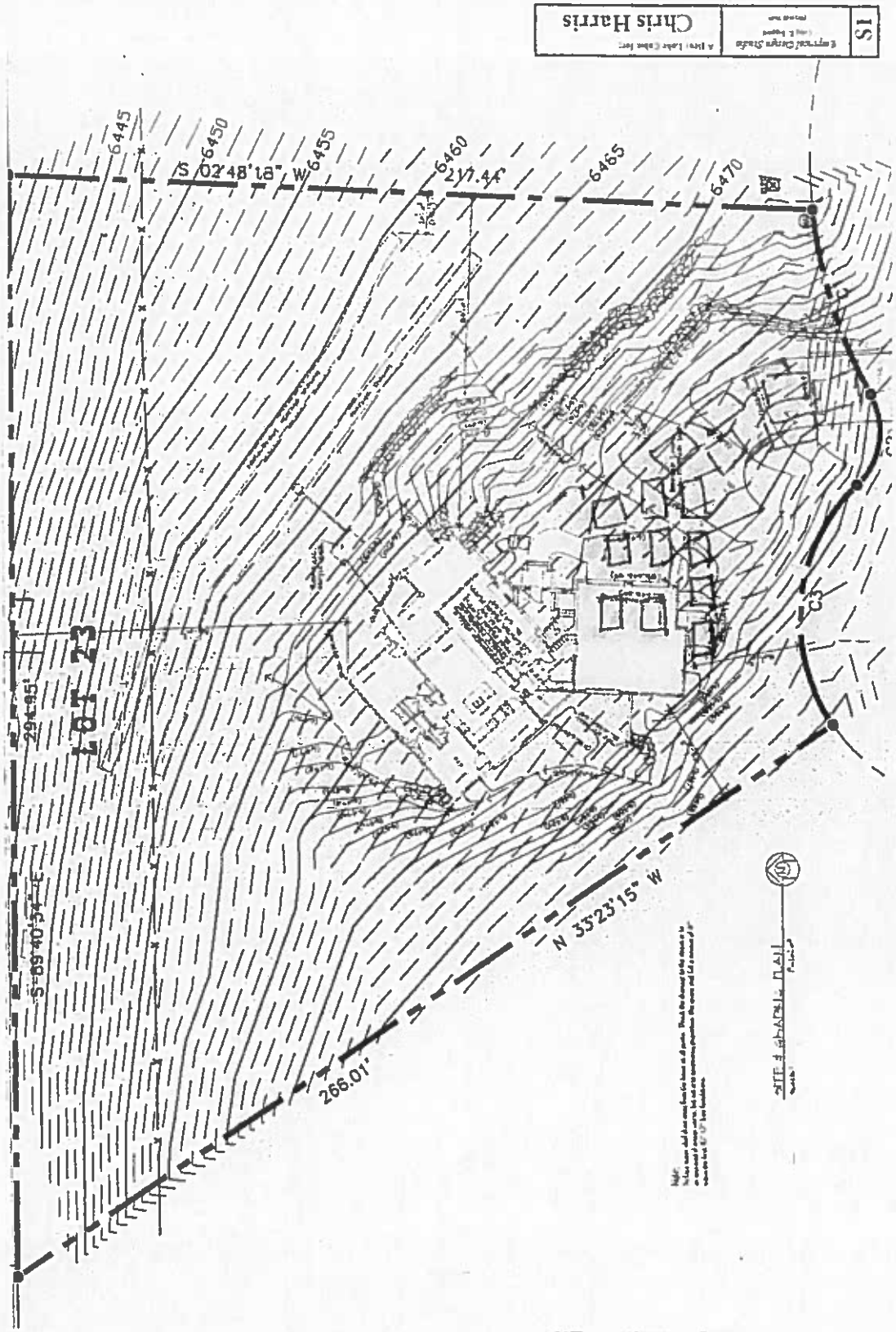
[signature] 6-17-2020
Signature of the Owner of property Date

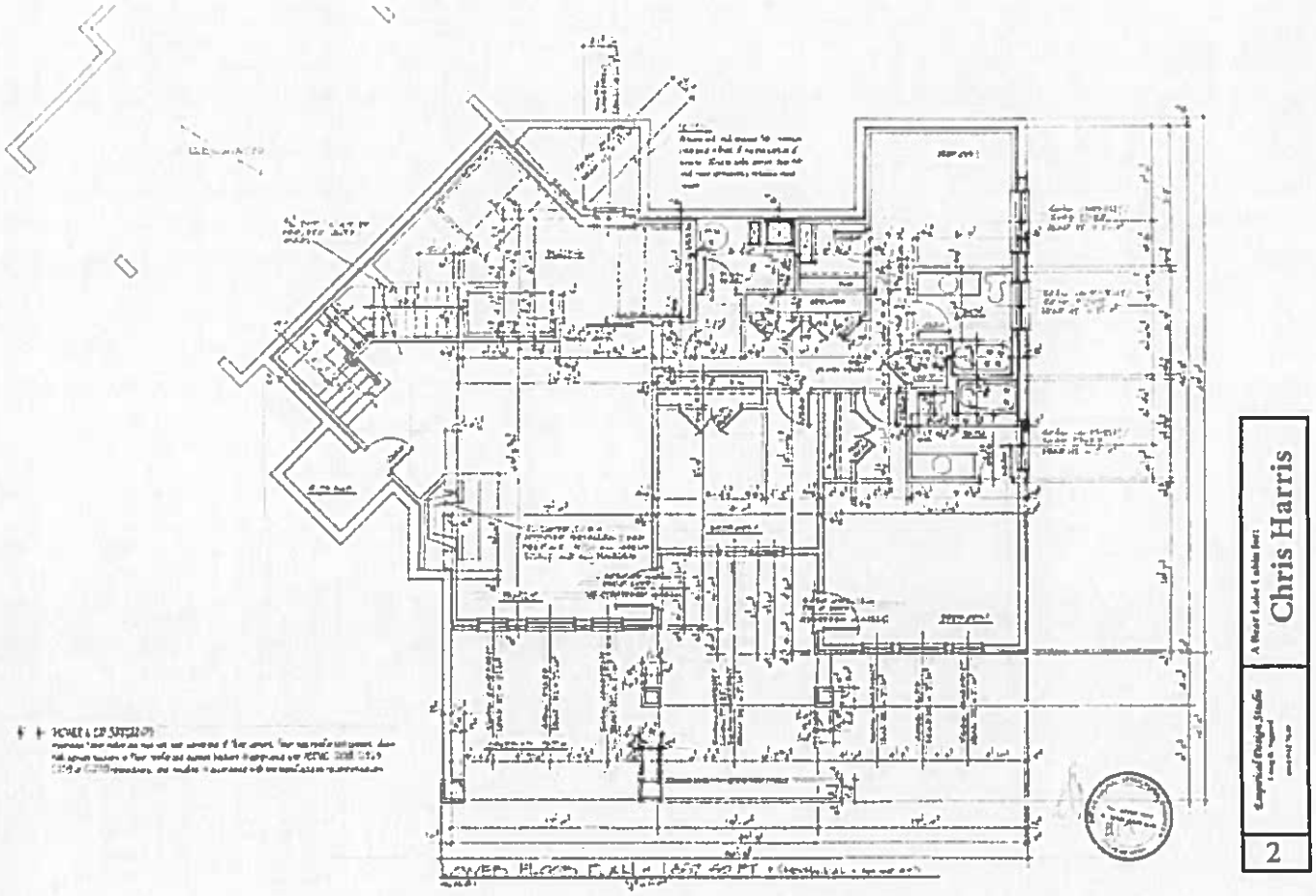
[signature] 6-17-2020
Signature of Property Management Company Date

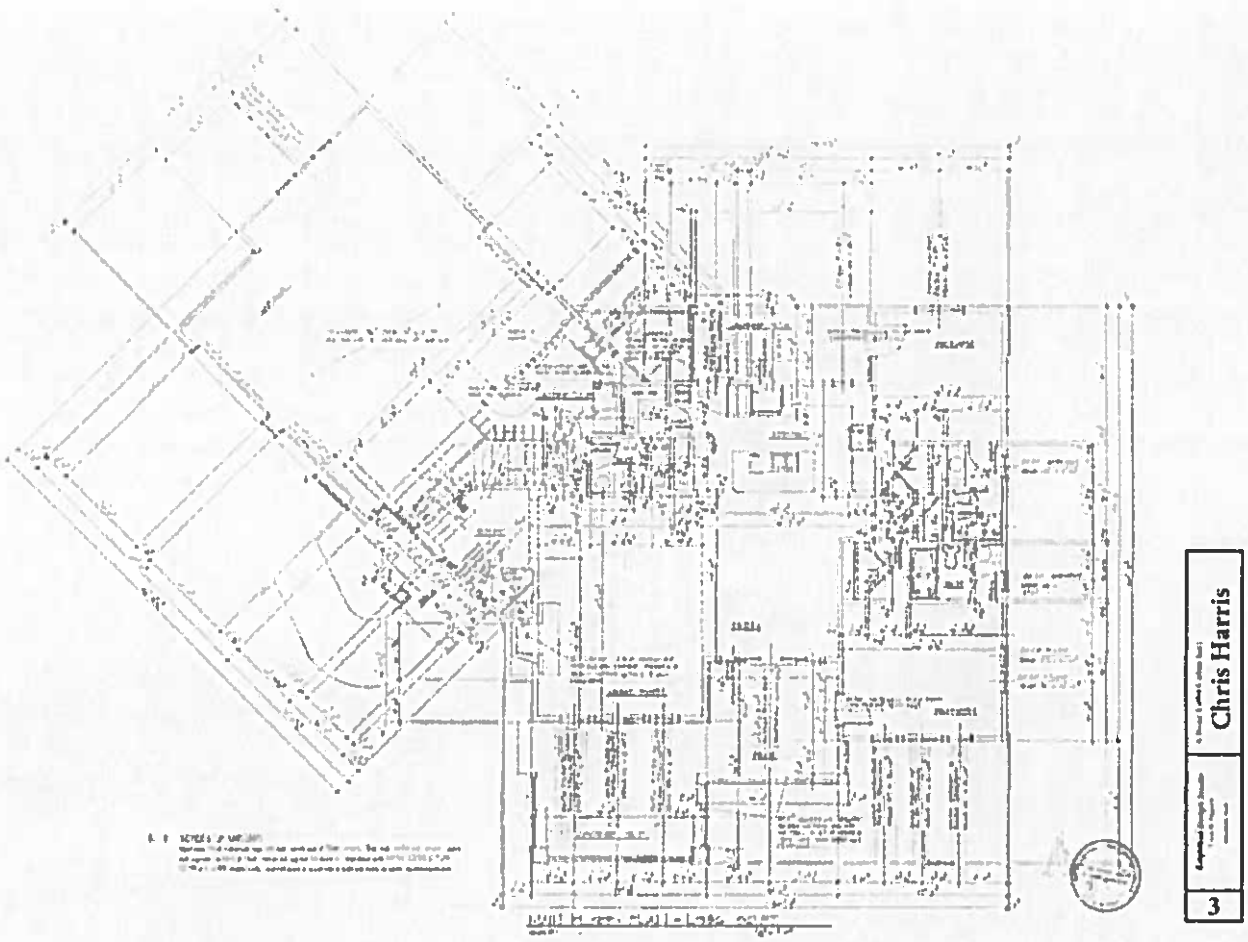
Melinda Harris 6-18-2020
Signature of Contact Person Date

Application fee, **NON-REFUNDABLE**: $100 plus $140 per unit pd over phone 240.00 6-19-20

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


Chris Harris
6445
6450
S 02°48'18" W
6455
217.44'
6460
6465
6470
LOT 23
29.85'
S 89°40'54" E
N 35°23'15" W
266.01'


Chris Harris
2


Chris Harris
3

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 401 S. Balsamorhiza Rd.
Date of inspection: 6/29/20
Owner: Chris Harris / Corey Penrod
Property Management: self
Contact Name: Stacie Harris
Contact Phone #: 801-660-8218

Safety Inspections:		Time limit to correct:
Handrails/Guardrails		
Outdoor lights	✓	
Entry lights	✓	
Water 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: _____

Contact Name: _____

Contact Phone #: _____

Total 2519.5

Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	
Sq Ft.	17x16	13x13	13x13	28.5x12.5	14x13	12x16	16x23.5	14x18	13x15.5	11.5x10.6	11.5x13
Exit Required Window(s)											
Smoke Detector											
Total Sq. Ft.	272	169	169	356.25	195	192	376	324	202.5	120.75	149.
	✓										

Total Occupancy allowed at this address: 50, shall not include children under the age of three (3).

Minimum parking required at this address: 13 Total number of parking spots on Property 14. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:
Inspector: _____ Date: 5-29-20

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: STACIE HARRIS Inspection Date: 6-3-20

Business Address: 481 BALSAMOHRIZA Suite: Business Phone:

No.		Violations	No.	Locations/Remarks	Cleared
		ACCESS			/ /
1	6th	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		PASSED	
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	1st	/ /	
21		Provide spare sprinkler heads and/or compatible wrench			
22		Hood and duct extinguishing system to be serviced and tagged	2nd	/ /	
23		Remove grease from hood, duct, and filters (keep clean)			
		FIRE ALARM SYSTEMS	Refer to FPB	/ /	
24		Maintain, repair, inspect, and/or test fire alarm system			
		FIRE SEPARATIONS	3rd	/ /	
25		Repair holes in required fire resistive construction			
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			
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		Keep dumpster 5 ' away from buildings			
42		Clearance from ignition sources			
		MISCELLSANOUS			
43	None	Other violations and comments			
NO VIOLATIONS NOTED THIS DATE – THANK YOU FOR BEING SAFE					

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:
FPB ____ COMPANY ____ Shift ____ Page ____ of ____

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