

TC Approval

Garden City

Temp Approval

Business License Application

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

 Pat ✓
Martelli ✓
CC
SA

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 \$100.00 Transient License Fee _____ Concessionaire Fee _____ Additional Location _____ Other _____ Beach Vendor License also requires a BCI background check
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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 PUD Hotel/motel zone

Business Name: JDW Capital Holdings LLC

If name change, previous name: _____

Location Address: 314 Oregon Trail Dr bltownhomes2022@gmail.com

City, State & Zip: Garden City UT 84028

Business Phone: 8015736892

Cell Phone: _____

Mailing Address: 39 Sunset Dr

City, State & Zip: Farmington UT 84025

E-mail Address: alanamarie912@gmail.com

Owners Name: Josh Wilson

Owners Location: 39 Sunset Dr

City, State & Zip: Farmington UT 84025

Phone: 8015736892

Cell Phone: _____

Kind of Business

☐ Retail	☒ Lodging	☐ Restaurant
☐ Professional	☐ Contractor	☐ Other

Briefly Describe Your Business: Short term rentals/airbnb or vrbo (PARADISE PKWY)
We own one at the address above and would like to buy a 2nd in the same complex

Utah State Sales Tax Number: 15549134-002-str

Ut State Professional License No. _____

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

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

I, We, Josh Wilson 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:** 06/08/2022

Please print your name: JOSH WILSON

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martell ✓

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 100.00 Transient License Fee _____ Concessionaire Fee _____ Additional Location _____ Other _____ Beach Vendor License also requires a BCI background check
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Pl
CC
SA

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: Creating Memories

If name change, previous name: _____

Location Address: 284 Bear Lake Blvd (Rucal's)

City, State & Zip: Garden City, UT 84028

Business Phone: _____

Cell Phone: 801-866-8138

Mailing Address: _____

City, State & Zip: _____

E-mail Address: cmgiftshop@yahoo.com

Owners Name: Dena Stark

Owners Location: 945 E 1700 N

City, State & Zip: No Ogden, Ut 84414

Phone: _____

Cell Phone: 801-866-8138

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

Briefly Describe Your Business: Gift Shop located at Rucal's LLC. We will have a gift shop banner on the back of the bldg and letters. *see back*

Utah State Sales Tax Number: 10932768-003-STC

Ut State Professional License No. _____

Will you be installing a sign?: ☐ Yes ☐ No *Gift Shop letters on West Side*

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, Dena Stark 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: *Dena Stark* **Date:** 5/26/2022

Please print your name: Dena Stark

Temp, but no final cement work needs done

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Martell ✓
Pat ✓

Garden City

Business License Application

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

Business Status: ☒ New Business (check all that apply) ☐ Additional Location # ____ ☐ Name Change ☐ Ownership Change ☐ Location Change ☐ Transient Vendor ☐ Concessionaire Vendor	License Fee: Business License Fee \$ <u>100.00</u> Transient License Fee _____ Concessionaire Fee _____ Additional Location _____ Other _____ Beach Vendor License also requires a BCI background check
--	---

Pd. SA
CC

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 _____
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Business Name:	Twisted Tree Landscaping, LLC
If name change, previous name:	_____
Location Address:	230 N 300 W
City, State & Zip:	Garden City, UT 84028
Business Phone:	n/a
Cell Phone:	(417) 952 - 7241
Mailing Address:	3916 N Potsdam Ave PMB 84
City, State & Zip:	Sioux Falls, SD 57104
E-mail Address:	twistedtreelandscapingllc@gmail.com

Owners Name:	Jeff Meaker
Owners Location:	230 N 300 W
City, State & Zip:	Garden City, UT 84028
Phone:	n/a
Cell Phone:	(417) 952 - 7241

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

Briefly Describe Your Business: Landscaping, Lawn Care, Gardening, Irrigation

Utah State Sales Tax Number: _____

Ut State Professional License No. EIN: 88-3167692

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, Twisted Tree Landscaping, LLC hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business. I understand that I shall not begin nor cause to begin business at this location without first obtaining a business license and will not continue business without maintaining a valid license, in doing so, I will be subject to a penalty as stipulated by the Garden City Infraction Fee Schedule.

Business License Fees are non-refundable.

Owners Signature: Jeff Meaker Date: 7/12/22Please print your name: JEFF MEAKER

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SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 130 Seasons #6

Date of inspection: June 28, 2022

Owner: Travis Eborn

Martell
pet ✓

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

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room										
Sq Ft.	14.5 x 9.5	13.5x 9.5	15 x 13.5	11 x 15.5						
Exit Required	Y	Y	Y	Y						
Window(s)	Y	Y	Y	Y						
Smoke Detector	Y	Y	Y	Y						
Total Sq. Ft.	137.75	128.25	202.5	181.5	Total 650					

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

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

Signatures:
Inspector:Date:
June 28, 2022

Owner/Property Manager:

Short Term Rental Inspection Form

Owner/responsible party TRAVIS URBAN Date 6-28-22
 Address 130 W. SERRANO LN. Suite/Apt# #6

Access

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

Fire Extinguishers

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

Fire Alarms/CO Detectors

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

Electrical, HAZMAT, and Storage

- ☒ Label electrical panel box breakers
- ☒ Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- ☒ No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities
- ☒ No obvious safety hazards determined at the discretion of the inspecting officer

Safety

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

Inspected by: [Signature] Title: CHIEF
 Date: _____

Items that need to be corrected: _____

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

TC Approval

Temp Approval
martell
pat ✓

Address: 643 Maple Drive

Date of inspection: May 17, 2022

Owner: GoldiesCottages

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

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room										
Sq Ft.	10 x 13	8 x 12.5	13.5 x 18	16 x 13						
Exit Required	Y	Y	Y	Y						
Window(s)	Y	Y	Y	Y						
Smoke Detector	Y	Y	Y	Y						
Total Sq. Ft.	130	100	243	208	Total 681					

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 6. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: Inspector:  Date: May 17, 2022

Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party GOLDIE'S COTTAGES Date 5-17-2022

Address 643 MAPLE DR. Suite/Apt# _____

Access

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

Fire Extinguishers

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

Fire Alarms/CO Detectors

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

Electrical, HAZMAT, and Storage

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

Safety

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

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

Inspected by: [Signature] Title: CHIEF

Date: _____

Items that need to be corrected:

Temp Approval

martell ✓
pat ✓

10

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room										
Sq. Ft.	32 x 16	15.5 x 19.5	22 x 14	17 x 14.5	12 x 13	12.5 x 14	16 x 24	17 x 15		
Exit Required	Y	Y	Y	Y	Y	Y	Y	Y		
Window(s)	Y	Y	Y	Y	Y	Y	Y	Y		
Smoke Detector	Y	Y	Y	Y	Y	Y	Y	Y		
Total Sq. Ft.	512	302.5	308	217.5	156	175	181.25	255	Total 2309.75	

Figure 1

Short Term Rental Inspection Form

Owner/responsible party Lynn Davis Date 6-20-22
Address 592 Amber Lane Suite/Apt# _____

Access

☒ Maintain fire lane free of obstruction

☒ Provide address numbers visible from the street

Fire Extinguishers

☒ Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette

☒ Mount fire extinguishers in plain view and access of kitchen

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

☒ Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

☒ Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms

☒ One CO detector installed for each level of the home

☒ Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

☒ Label electrical panel box breakers

☒ Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords

☒ No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

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

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

Title: Chief

Inspected by: _____

Date: _____

Items that need to be corrected: _____

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SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLISTAddress: ~~593 Amberly~~ 593 Amberly.

Date of inspection: May 26, 2022

Owner: Kate Gonda

maytell ✓
Pat ✓

Safety Inspections:	Time limit to correct:									
Handrails/Guardrails	Y									
Outdoor lights	Y									
Water shut off	Y									
Gas shut off	Y									
Electrical outlet plates	Y									
Check address on unit	Y									
Other: Elec. Panel Labeled	Y									
Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	20 x 16	15 x 12.5	16.5 x 11	16.5 x 11	12.5 x 16	12.5 x 14.5	12.5 x 14.5			
Exit Required	Y	Y	Y	Y	Y	Y	Y			
Window(s)	Y	Y	Y	Y	Y	Y	Y			
Smoke Detector	Y	Y	Y	Y	Y	Y	Y			
Total Sq. Ft.	320	187.5	181.5	181.5	200	181.25	181.25	Total 1433		

Total Occupancy allowed at this address: 28, shall not include children under the age of three (3).

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

Signatures: ITth fill



Date:

Owner/Property Manager:

Short Term Rental Inspection Form

Owner/responsible party KATE GORDA Date 6-20-22
Address 593 AMBER LANE Suite/Apt# _____

Access

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

Fire Extinguishers

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

- ☒ Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

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

Electrical, HAZMAT, and Storage

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

Safety

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

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

Inspected by: [Signature] Title: CHIEF
Date: _____

Items that need to be corrected: _____

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

TC Approval

Temp Approval

Pat ✓
Martell ✓

Address: 365 W Persimmon Drive

Date of inspection: June 15, 2020

Owner: Amy Nollner

Safety Inspections:	Time limit to correct:									
Handrails/Guardrails	Y									
Outdoor lights	Y									
Water shut off	Y									
Gas shut off	Y									
Electrical outlet plates	Y									
Check address on unit	Y									
Other: Elec. Panel Labeled	Y									
Total Sq Ft 2772										
Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	14 x 14	12 x 14	33.5 x 27.5	13.5 x 16.5	11 x 16	11 x 13	12 x 13.5	12 x 13.5	17 x 18	15 x 21
Exit Required	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Window(s)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Smoke Detector	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Total Sq. Ft.	196	168	921.25	222.75	176	143	162	162	306	315

Total Occupancy allowed at this address: 55, shall not include children under the age of three (3).

Minimum parking required at this address: 14 Total number of parking spots on Property 28. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:

Inspector:



Date:

June 15, 2022

Owner/Property Manager: Amy Nollner

June 22, 2022

Short Term Rental Inspection Form

Owner/responsible party: Amy Noller Date: 6-20-22
Address: 365 W. Passimmon Suite/Apt# _____

Access

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

Fire Extinguishers

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

- ☒ Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

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

Electrical, HAZMAT, and Storage

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

Safety

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

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

Inspected by: [Signature] Title: CHIEF
Date: _____

Items that need to be corrected: _____

TC Approved

Temp Approval

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 588 Maple Drive

Pat ✓
Martell ✓

Date of inspection: May 23, 2022

Owner: Thurmond Dressen

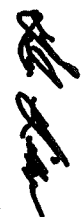
Safety Inspections:										Time limit to correct:
Handrails/Guardrails	Y									
Outdoor lights	Y									
Water shut off	Y									
Gas shut off	Y									
Electrical outlet plates	Y									
Check address on unit	Y									
Other: Elec.Panel Labeled	Y									
Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	12 x 17	12 x 11.5	12 x 14							
Exit Required	Y	Y	Y							
Window(s)	Y	Y	Y							
Smoke Detector	Y	Y	Y							
Total Sq. Ft.	204	138	168							

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

Minimum parking required at this address: 3 Total number of parking spots on Property 8. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:

Inspector:



Date:

May 23, 2022

Owner/Property Manager:

Short Term Rental Inspection Form

Owner/responsible party THURMOND DRESSSEN

Date 4/30/22

Suite/Apt# _____

Address 558 Aspen Dr

Access

Maintain fire lane free of obstruction

Provide address numbers visible from the street

Fire Extinguishers

Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette

Mount fire extinguishers in plain view and access of kitchen

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

Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms

One CO detector installed for each level of the home

Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

Label electrical panel box breakers

Cover plates on all junction boxes, outlets, switches, No exposed wiring/hazardous extension cords

No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

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

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been

inspected by a qualified member of the Garden City Fire District.

Pass ☒ Fail ☐

Title: CHIEF

Inspected by: _____

Date: _____

Items that need to be corrected: _____

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SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 533 Richland Valley Street #12

Date of inspection: July 18, 2022

Owner: Mike John

Pat ✓
Martell ✓

Safety Inspections:					Time limit to correct:					
Handrails/Guardrails	Y									
Outdoor lights	Y									
Water shut off	Y									
Gas shut off	Y									
Electrical outlet plates	Y									
Check address on unit	Y									
Other:										
Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	11.5 x 13	11 x 24	12.5 x 13	11 x 15						
Exit Required	Y	Y	Y	Y						
Window(s)	Y	Y	Y	Y						
Smoke Detector	Y	Y	Y	Y						
Total Sq. Ft.	149.5	264	162.5	165	Total 1203					

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

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

Signatures:
Inspector:

Date:

Owner/Property Manager:

Short Term Rental Inspection Form

Owner/responsible party Mike Johnston Date 7-19-22
Address 533 RICHARD VALLEY ST. Suite/Apt# _____

Access

✓ Maintain fire lane free of obstruction

✓ Provide address numbers visible from the street

Fire Extinguishers

✓ Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette

✓ Mount fire extinguishers in plain view and access of kitchen

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

✓ Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

✓ Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms

✓ One CO detector installed for each level of the home

✓ Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

✓ Label electrical panel box breakers

✓ Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords

✓ No flammable liquids or gases in the utility/furnace room or closet. Free access to furnace/utilities

Safety

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

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

Inspected by: _____

Title: CHIEF

Date: _____

Items that need to be corrected: _____

TC Approval

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Temp Approval

marvell
Pat ✓

Address: 150 wSeasons Lane Unit 1

Date of inspection: July 3, 2022

Owner: Josh Allred

Safety Inspections:	Time limit to correct:
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Handrails/Guardrails	Y
----------------------	---

Outdoor lights	Y
----------------	---

Water shut off	Y
----------------	---

Gas shut off	Y
--------------	---

Electrical outlet plates	Y
--------------------------	---

Check address on unit	Y
-----------------------	---

Other:	
--------	--

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room										
Sq Ft.	14.5 x 9.5	13.5 x 9.5	14.5 x 11.5	15.5 x 11						
Exit Required	Y	Y	Y	Y						
Window(s)	Y	Y	Y	Y						
Smoke Detector	T	Y	Y	Y						
Total Sq. Ft.	137.75	128.25	166.75	170.5	Total 603.25					

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

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

Signatures: 

Inspector: Date: July 12, 2022

Owner/Property Manager:

Short Term Rental Inspection Form

Owner/responsible party JOSE ALFREDO Date 7-12-22
Address 150 SEASONS LN Suite/Apt# #1

Access

☒ Maintain fire lane free of obstruction

☒ Provide address numbers visible from the street

Fire Extinguishers

☒ Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette

☒ Mount fire extinguishers in plain view and access of kitchen

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

☒ Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

☒ Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms

☒ One CO detector installed for each level of the home

☒ Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

☒ Label electrical panel box breakers

☒ Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords

☒ No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

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

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

Inspected by: [Signature]

Title: CHIEF

Date: _____

Items that need to be corrected: _____

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

TC Approval

Temp Myrrow ✓
Pat ✓
Martell ✓

Address: 362 Wysteria Drive

Date of inspection: June 10, 2022

Owner: Jason and Angel Tronier

Safety Inspections:	Time limit to correct:
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Handrails/Guardrails	Y
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Outdoor lights	Y
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Water shut off	Y
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Gas shut off	Y
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Electrical outlet plates	Y
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Check address on unit	Y
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Other:	
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Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	12 x 12	12.5 x 12	12 x 17.5	17.5 x 12						
Exit Required	Y	Y	Y	Y						
Window(s)	Y	Y	Y	Y						
Smoke Detector	Y	Y	Y	Y						
Total Sq. Ft.	144	150	210	210	Total 714					

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 6. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: Inspector:  Date: June 28, 2022

Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party JASON TRAMER Date 6-27-22

Address 362 WYSTERIA DR Suite/Apt# _____

Access

☒ Maintain fire lane free of obstruction

☒ Provide address numbers visible from the street

Fire Extinguishers

☒ Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette

☒ Mount fire extinguishers in plain view and access of kitchen

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

☒ Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

☒ Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms

☒ One CO detector installed for each level of the home

☒ Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

☒ Label electrical panel box breakers

☒ Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords

☒ No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

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

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

Inspected by: [Signature] Title: CHIEF

Date: _____

Items that need to be corrected: _____

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Glen TC Approval

Temp Approval
Rat
mofell

Address: 248 W Seasons Lane

Date of inspection: March 5, 2022

Owner: Cale Newhouse

Safety Inspections:		Time limit to correct:								
Handrails/Guardrails		Y								
Outdoor lights		Y								
Water shut off		Y								
Gas shut off		Y								
Electrical outlet plates		Y								
Check address on unit		Y								
Other:										
Elec Panel Labeled										
Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	11x11	12.5 x 16	10.5 x 11	10 x 15.5						
Exit Required	Y	Y	Y	Y						
Window(s)	Y	Y	Y	Y						
Smoke Detector	Y	Y	Y	Y						
Total Sq. Ft.	121	325	155	150	TOTAL 751c					

Total Occupancy allowed at this address: 15, 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: Glen Gillies

Date: March 5, 2022

Owner/Property Manager:



Short Term Rental Inspection Form

Owner/responsible party CALE NW HOUSE Date 4-4-22
Address 248 W. SPANNS LN. Suite/Apt# _____

Access

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

Fire Extinguishers

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

Fire Alarms/CO Detectors

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

Electrical, HAZMAT, and Storage

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

Safety

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

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

Items that need to be corrected: