PARK CITY MUNICIPAL CORPORATION
PLANNING DEPARTMENT
445 MARSAC AVE | PO BOX 1480
PARK CITY, UT 84060
(435) 615-5060

ACCESSORY APARTMENT

For Office Use Only

CITY STAFF	PLANNING COMMISSION	APPLICATION #
APPROVED	APPROVED	DATE RECEIVED
DENIED	DENIED	EXPIRATION
PROJECT PLANNER		

PROJECT INFORMATION

NAME:

ADDRESS:

TAX ID: OR

SUBDIVISION: OR

SURVEY: LOT #: BLOCK #:

APPLICANT

NAME:

MAILING ADDRESS:

PHONE #: ( ) - FAX #: ( ) -

EMAIL:

APPLICANT REPRESENTATIVE INFORMATION

NAME:

PHONE #: ( ) -

EMAIL:

If you have questions regarding the requirements on this application or process please contact a member of the Park City Planning Staff at (435) 615-5060 or visit us online at www.parkcity.gov.

SUBMITTAL REQUIREMENTS – All of the following items must be included for the Planning Department to accept the application:

1. Completed and signed application.
2. A written statement describing the request.
3. Review fees:
   Allowed Use - $1,190.00
4. One (1) floor plan showing Building Code compliance that clearly identifies existing conditions and proposed changes.
5. One (1) site plan showing compliance with parking and landscape requirements that clearly identifies existing conditions and proposed changes.
6. One (1) draft copy of the Deed Restriction proposed to be recorded with Summit County.
7. For property that is part of a Homeowner Association, evidence of Homeowner Association notification and approval.
8. An electronic Excel spreadsheet with property owner, Summit County Assessor Parcel Number, and mailing address for properties within 100 feet, measured from the property line. Template is available through https://www.parkcity.gov/departments/planning.

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PROJECT DESCRIPTION

1. On a separate sheet of paper, give a general description of the proposal and attach it to the application (See Submittal Requirement #2).

2. Existing Zoning: _____

3. Size of Accessory Apartment unit: _____ square feet

4. Total house size: _____ square feet

5. Number of bedrooms in the accessory apartment: _____

6. Number of parking spaces: _____ required _____ proposed

7. Are the parking spaces tandem?

   Yes No

8. Other applications at subject project that are under review by the City?

   _____

9. "If an Accessory Apartment permit is granted, the Accessory Apartment must be rented for periods of at least 90 days." Are you aware of and willing to comply with this condition?

   Yes No

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ACKNOWLEDGEMENT OF RESPONSIBILITY

This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am a party whom the City should contact regarding any matter pertaining to this application.

I have read and understood the instructions supplied by Park City for processing this application. The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until a Project Planner has reviewed the application and has notified me that it has been deemed complete.

I will keep myself informed of the deadlines for submission of material and the progress of this application. I understand that a staff report will be made available for my review three days prior to any public hearings or public meetings. This report will be on file and available at the Planning Department in the Marsac Building.

I further understand that additional fees may be charged for the City's review of the proposal. Any additional analysis required would be processed through the City's consultants with an estimate of time/expense provided prior to an authorization with the study.

Signature of Applicant: _____

Name of Applicant: _____

PRINTED

Mailing Address: _____

_____

Phone: Fax:

Email: _____

Type of Application: _____

AFFIRMATION OF SUFFICIENT INTEREST

I hereby affirm that I am the fee title owner of the below described property or that I have written authorization from the owner to pursue the described action. I further affirm that I am aware of the City policy that no application will be accepted nor work performed for properties that are tax delinquent.

Name of Owner: _____

PRINTED

Mailing Address: _____

_____

Street Address/ Legal Description of Subject Property:

_____

_____

Signature: Date:

1 If a corporation is fee titleholder, attach copy of the resolution of the Board of Directors authorizing the action.
2 If a joint venture or partnership is the fee owner, attach a copy of agreement authorizing this action on behalf of the joint venture or partnership

Please note that this affirmation is not submitted in lieu of sufficient title evidence. You will be required to submit a title opinion, certificate of title, or title insurance policy showing your interest in the property prior to final action.

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