

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



ADMINISTRATIVE PERMIT / ADMINISTRATIVE CONDITIONAL USE PERMIT

For Office Use Only

STAFF DETERMINATION	PROJECT PLANNER	APPLICATION #	_____
APPROVED	_____	DATE RECEIVED	_____
DENIED	_____	EXPIRATION	_____

PROJECT INFORMATION

NAME: _____

ADDRESS: _____

TAX ID: _____ OR
SUBDIVISION: _____ OR
SURVEY: _____ LOT #: _____ BLOCK #: _____

APPLICANT INFORMATION

NAME: _____

MAILING ADDRESS: _____

PHONE #: () - FAX #: () -
EMAIL: _____

APPLICANT REPRESENTATIVE INFORMATION

NAME: _____

PHONE #: () -
EMAIL: _____

SUBMITTAL REQUIREMENTS – All of the following items must be included in order for the Planning Department to take the application.

1. Completed and signed application form.
2. A written statement describing the request and any other information pertaining to the conversion of the proposed project.
3. Review fees - \$330.00 per application.
4. Two (2) copies of 11" x 17" of the following:
 - Site Plan drawn **to scale** showing existing and proposed conditions
 - Proposed layout, circulation, and location (if applicable)
 - Parking layout (if applicable)
 - Lighting and Sign locations (if applicable)
 - Photos of furniture to be used (including umbrellas, if applicable)
 - **Any additional information pertaining to compliance with the Land Management Code relating to the specific criteria for the requested use as described in the Land Management Code contained in applicable zoning district and supplemental regulation.**
5. An electronic Excel spreadsheet with property owner, Summit County Assessor Parcel Number, and mailing address for adjacent properties. Template is available through <https://www.parkcity.org/departments/planning>.

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). Description shall also indicate the project's compliance with any applicable criteria as described in the Land Management Code contained in applicable zoning district and supplemental regulation.
2. Type of Conditional Use Permit:
If Other, please describe: _____
3. Existing Zoning: _____
4. Is the project within the Sensitive Lands Overlay?
Yes _____ No _____
5. Current use of the property: _____
6. Total Project Area: _____ acres _____ square feet
7. Number of parking spaces per Title 15 Land Management Code, Chapter 3, Off Street Parking:
_____ required _____ proposed
8. Project access via: (check one)
Public Road _____ Private Road _____ Private Driveway _____
9. Occupancy type: (check one)
Owner Occupied _____ Lease _____ Nightly Rental _____
Condominium _____ Timeshare _____
10. Utility service availability:
Existing _____ Requires extension of City service _____

Items below are required for Outdoor Dining Applications only

11. Total Existing Dining Area: _____ square feet
 12. Total Outdoor Dining Area: _____ square feet
 13. Dates of operation of Outdoor Dining use:
_____ Starting _____ Ending
 14. Daily hours of operation of Outdoor Dining use: _____
-
-

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 you are not the fee owner attach a copy of your authorization to pursue this action provided by the fee owner.
2. If a corporation is fee titleholder, attach copy of the resolution of the Board of Directors authorizing the action.
3. 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
4. If a Home Owner's Association is the applicant than the representative/president must attaché a notarized letter stating they have notified the owners of the proposed application. A vote should be taken prior to the submittal and a statement of the outcome provided to the City along with the statement that the vote meets the requirements set forth in the CCRs.

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.