

PARK CITY MUNICIPAL CORPORATION  
PLANNING DEPARTMENT  
445 MARSAC AVE | PO BOX 1480  
PARK CITY, UT 84060  
(435) 615-5060 | (435) 615-4906 FAX



# NON-CONFORMING USE / NON-COMPLYING STRUCTURE DETERMINATION

*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: \_\_\_\_\_

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.org](http://www.parkcity.org).

**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.
  3. Review fees - \$100.00 per application.
  4. Copies of any applicable documentation that proves the legality of the non-conforming use (i.e. building permits, tax records, etc)
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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. Type of Non-Conforming Use: \_\_\_\_\_
  3. Existing Zoning: \_\_\_\_\_
  4. Is the project within the Sensitive Lands Overlay?
 

Yes	No
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  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
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  8. Project access via: (circle one)
 

Public Road	Private Road	Private Driveway
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  9. Occupancy type: (circle one)
 

Owner Occupied	Lease	Nightly Rental
Condominium	Timeshare	
  10. Utility service availability:
 

Existing	Requires extension of City service
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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 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.

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