

PARK CITY MUNICIPAL CORPORATION

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



CHILD CARE CENTER / FAMILY CARE

For Office Use Only

PLANNING STAFF	PLANNING COMMISSION	APPLICATION # _____
APPROVED _____	APPROVED _____	DATE RECEIVED _____
DENIED _____	DENIED _____	EXPIRATION _____

PROJECT INFORMATION

NAME: _____

ADDRESS: _____

TAX ID: _____

SUBDIVISION: _____

LOT#: _____ SURVEY: _____ BLOCK #: _____

APPLICANT

NAME: _____

MAILING ADDRESS: _____

PHONE #: _____ FAX #: _____

EMAIL: _____

APPLICANT REPRESENTATIVE: _____

CONTACT INFO: _____

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.

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 proposed project.
3. Review fees - \$330.00 Administrative Permit
\$1140.00 Conditional Use Permit
4. One (1) 11" x 17" copy of site plan and building floor plan. The site plan shall include the existing and proposed of the following:
 - Parking
 - Drop off/pick-up areas
 - Play area location and size (dimensions)
 - Setbacks
 - Fencing and/or screening
 - Signage, if proposed (a separate Sign Permit will be required)
5. An electronic Excel spreadsheet with property owner, Summit County Assessor Parcel Number, and mailing address for properties within 300 feet, measured from the property lines. Template is available through <https://www.parkcity.org/departments/planning>.

PROJECT DESCRIPTION

1 Provide a written statement detailing the request and any other information pertaining to the proposed project.

2 Existing Zoning: _____

3 Care will be provided for:

Family Child Care:	5-8 children	9-16 children	17 or more children
Child Care Center:	5+ children		

4 Is the address for proposed child care facility a permanent residence and will you be the primary provider of childcare at this address?

No Yes (sign below)

Signature: _____ Date: _____

5 Will there be additional employees other than you? No Yes (answer #5)

6 Is parking available for non-resident employees? No Yes

Where will parking be provided? _____

7 Are there drop-off/pick-up spaces available? No Yes

Where are the spaces located? _____

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.