Year _____

License # _____

☐ New License   ☐ Renewal   ☐ New Owner   ☐ Adding Dwelling   ☐ Removing Dwelling

Owner Information: (Please print legibly)

Property Owners Name: _____ Phone _____

Property Owners Address: _____ City _____ State _____ Zip _____

Owner Email Address: _____

☐ Corporation   ☐ Limited Liability Company   ☐ Limited Liability Partnership   ☐ Partnership
☐ Individual/Sole Proprietorship   ☐ Other / Manager: _____

Owners DBA Name: _____
        (if different from above property owner)

Individual/Sole Proprietors: Date of Birth _____ Driver's License # _____ State _____

Property Manager / Agent Information:

Management Company: _____ Phone _____

Management Company Address: _____ City _____ State _____ Zip _____

Property Manager/Contact/Agent Name: _____ Email _____

License Renewal Mailing Address: _____ *City* _____ *State* _____ *Zip* _____

☐ Duplex

APN (assessor's parcel number): _____ - _____ - _____

Rental Dwelling Address: _____ City _____ State _____ Zip _____

Manager name: _____ Phone _____ Email _____

Address: _____ City _____ State _____ Zip _____

Official Use Only: Zone _____ Census Track _____ Traffic _____ Planning Community _____

Planning   ❏ Approved   ❏ Not approved   By: _____ Date: _____

Department   ❏ Approved   ❏ Not approved   By: _____ Date: _____

Rental License Fees

Number of
Duplexes _____ x $140 ea. = _____

Is Duplex Owner Occupied?   ☐ Yes   ☐ No

Late Fees @ _____   _____

Total Due
                _____

Good Landlord Discounted Fees
GLL Cert. # _____

Number of
Duplexes _____ x $12 ea. = _____

Is Duplex Owner Occupied?   ☐ Yes   ☐ No

Late Fees @ _____   _____

Total Due
                _____

"BASIC FIT PREMISE CHECKLIST"
Owner / Manager Duties

This is not a complete list of items required, others may be found during health and safety of occupants that would need to be addressed. Sections of the Utah Fit Premise Act, IPMC (International Property Maintenance Code), and the OCMC (Ogden City Municipal Code) were referenced in this checklist.

<u>Check the appropriate box:</u>

YES	NO	
☐	☐	All dwelling units must be maintained safe, sanitary and fit for human occupancy.
☐	☐	Must maintain electrical, plumbing, heating, hot and cold water systems in safe conditions.
☐	☐	Smoke alarms must be provided in each room used for sleeping purposes.
☐	☐	Smoke alarms must be provided in habitable spaces to include each level, basement, and cellars.
☐	☐	Smoke alarms must be provided on the ceiling or wall at a point centrally located in the hallway or area giving access to each separate sleeping area.
☐	☐	If provided, air conditioning systems must be maintained in an operable condition.
☐	☐	Receptacles must be maintained and provided for appropriate garbage and waste removal.
☐	☐	Each of the habitable rooms in the dwelling units has at least one window which opens or is operable for light and ventilation.
☐	☐	Each sleeping room must be provided with a approved window or other means of escape in case of emergency or fire. (Basements. See Building Services Residential Habitable Basement Room requirements policy letter February 6, 2014)
☐	☐	Handrails and Guardrails required on all interior and exterior porches, landings, and stairs over 30 in.
☐	☐	The property is clear and maintained of all trash, junk, debris, litter, and/or salvage materials. grass and/or weeds must be maintained no taller than 6 in. at all times.
☐	☐	Parking of vehicles, trailers, boats etc. must be on legal hard surfaces and must be currently licensed and operable.
☐	☐	Each dwelling shall have address and unit numbers prominently displayed and visible from the street at least 3 in. in height and in a contrasting color.

I hereby certify that, to the best of my knowledge, the dwelling units listed meet or exceed the basic fit premise checklist.

Compliance with the above list does not guarantee full compliance with all aspects of the International Code for Building Conservation for existing structures. The owner remains responsible for understanding and complying with the code.

This is an application for a business license. Its submission does not constitute issuance of a license, which will only occur after all fees are paid. I, we _____ (print name of signatory) hereby certifies under penalty of law that the information contained herein is true and correct.

_____   _____
Applicant/Authorized representative   Date

List additional rental dwellings by building:

☐ Duplex   APN (assessor's parcel number): _____ - _____ - _____

Rental dwelling address: _____ Ogden, UT Zip _____

Manager name: _____ Phone _____

City_____ State _____ Zip_____ Email _____

- -

OFFICIAL USE ONLY: Zone_____Census Track _____Traffic _____Planning Community _____

Planning   ☐ Approved   ☐ Not approved   By:_____ Date:_____

Department   ☐ Approved   ☐ Not approved   By:_____ Date:_____

☐ Duplex   APN (assessor's parcel number): _____ - _____ - _____

Rental dwelling address: _____ Ogden, UT Zip _____

Manager name: _____ Phone _____

City_____ State _____ Zip_____ Email _____

- -

OFFICIAL USE ONLY: Zone_____Census Track _____Traffic _____Planning Community _____

Planning   ☐ Approved   ☐ Not approved   By:_____ Date:_____

Department   ☐ Approved   ☐ Not approved   By:_____ Date:_____

☐ Duplex   APN (assessor's parcel number): _____ - _____ - _____

Rental dwelling address: _____ Ogden, UT Zip _____

Manager name: _____ Phone _____

City_____ State _____ Zip_____ Email _____

- -

OFFICIAL USE ONLY: Zone_____Census Track _____Traffic _____Planning Community _____

Planning   ☐ Approved   ☐ Not approved   By:_____ Date:_____

Department   ☐ Approved   ☐ Not approved   By:_____ Date:_____

☐ Duplex   APN (assessor's parcel number): _____ - _____ - _____

Rental dwelling address: _____ Ogden, UT Zip _____

Manager name: _____ Phone _____

City_____ State _____ Zip_____ Email _____

- -

OFFICIAL USE ONLY: Zone_____Census Track _____Traffic _____Planning Community _____

Planning   ☐ Approved   ☐ Not approved   By:_____ Date:_____

Department   ☐ Approved   ☐ Not approved   By:_____ Date:_____