

Please Print Your Name:

RENTAL DWELLING LICENSE APPLICATION

Customer Service Center. • 55 South State Street • Clearfield, UT 84015 Phone: (801) 525-2701 • Fax: (801) 525-2865 • www.clearfieldcity.org

RENTAL DWELLING LICENSE INFORMATION

370.						
License Status (check all that apply): ☐ New License ☐ Name Change ☐ Ownership Change State Registration: ☐ DBA ☐ Sole-Proprietor ☐ Limited Liability ☐ Corporation ☐ Non-Profit ☐ Partnership						
APPLICATION DATE: _						
RENTAL LICENSE NAM	E:	DBA:				
Has this name been registered with the State of Utah, Commerce Department? ☐ Yes ☐ No Registration # : If using a business name, please apply at https://corporations.utah.gov . Registration is not required if using first and last name.						
RENTAL LOCATION:	Address:	Unit #:				
If licensing more than one property, please list the additional rental properties on the second page of this application.						
CONTACT/		Suite #:				
MAILING INFO:	City, State, Zip: Contact Person Name: Contact Email Address:	Phone:				
IF APPLICANT IS A SOLE-PROPRIETOR, PLEASE COMPLETE THIS SECTION						
Owner Name:		Date of Right				
		Date of Birth: Driver's License #:	State			
City, State, Zip: Primary Phone:	r, State, Zip: Alternate Phone: Alternate Phone:					
Email Address:						
IF APPLICANT IS A CORPORATION/PARTNERSHIP/LIMITED LIABILITY, PLEASE COMPLETE THIS SECTION:						
IF APPLICA	=	<u>-</u>	ITY, PLEASE			
	COMPLET	<u>-</u>	ITY, PLEASE			
Corporate Name:Corporate Officers/Partne	COMPLET ars/Members: 1.	E THIS SECTION:				
Corporate Name: Corporate Officers/Partne	rs/Members: 13	2 2 4				
Corporate Name: Corporate Officers/Partne Corporate Address: City, State, Zip:	crs/Members: 13	24				
Corporate Name: Corporate Officers/Partne Corporate Address: City, State, Zip:	rs/Members: 13	2 4				
Corporate Name: Corporate Officers/Partne Corporate Address: City, State, Zip: Licensing Officer/Contact	rs/Members: 13	24				
Corporate Name: Corporate Officers/Partne Corporate Address: City, State, Zip: Licensing Officer/Contact Email Address: These forms including an licensee is found to be in	rs/Members: 1. 3. Name: APPLICA y supplemental applications are for n compliance with all local, state, a	2 4Phone:	ill be issued only when the tes and all inspections are			
Corporate Name:Corporate Officers/Partne Corporate Address:City, State, Zip:Licensing Officer/Contact Email Address: These forms including an licensee is found to be in completed and approved increase approval time.	rs/Members: 1	Phone: Phone: Phone: Tr'S AGREEMENT a rental dwelling license. The actual license wind federal building codes and zoning ordinance.	ill be issued only when the ces and all inspections are plication may significantly			
Corporate Name:Corporate Officers/Partne Corporate Address:City, State, Zip:Licensing Officer/Contact Email Address: These forms including an licensee is found to be in completed and approved increase approval time. It is unlawful for any personal corporate of the corporate	Name: APPLICA y supplemental applications are for n compliance with all local, state, a by the necessary City departments. son to engage in business within the	Phone: Phone: Phone: Tris AGREEMENT A rental dwelling license. The actual license wind federal building codes and zoning ordinance. Missing or incomplete information on this approximation on this approximation.	ill be issued only when the ces and all inspections are oplication may significantly			
Corporate Name:Corporate Officers/Partne Corporate Address:City, State, Zip:Licensing Officer/Contact Email Address: These forms including an licensee is found to be in completed and approved increase approval time. It is unlawful for any persuit is unlawf	Name: APPLICA Ty supplemental applications are for n compliance with all local, state, a by the necessary City departments. Son to engage in business within the ental Licenses) shall not be transferreby agree to conduct said business der penalty of law that the information current belief. I understand that his license and other penalties as particular is license, which shall be valid for basis to remain valid. If the renewal	Phone: Phone: Phone: Phone: Phone: Ordered building license. The actual license wind federal building codes and zoning ordinance. Missing or incomplete information on this appoint of the city without first obtaining a license. (Clearfield)	ill be issued only when the ces and all inspections are plication may significantly Id City Code 4-1-4) Code 4-1-12) ity codes governing such and accurate to the best ion is grounds for denial sponsibility to renew the of issuance, and must be so not paid within 45 days			

ADDITIONAL INFORMATION FOR RENTAL DWELLING LICENSE NEW RESIDENTIAL RENTAL LICENSE FEE: Rental License Renewal Fees are Good Landlord Participant \$30.00 or Non Participant \$190.00:\$ \$64.00 for both Good Landlord DISPROPORTIONATE SERVICE FEE: Participants as well as Non Good Landlord Participant Participants, plus the appropriate disproportionate per unit fees. Single-Family Units / \$7.00 per X ____unit(s):\$____ Duplex Units / \$3.00 per X ____unit(s):\$____ 3/4 Plex Units / \$9.00 per X unit(s):\$ Multi-Family Units / \$7.00 per X ____unit(s):\$____ Mobile Home Units / \$7.00 per X unit(s):\$ Non Good Landlord Participant Single-Family Units / \$66.50 per X ____unit(s):\$____ Duplex Units / \$12.50 per X ____unit(s):\$____ 3/4 Plex Units / <u>\$92.00</u> per X ____unit(s): \$____ Multi-Family Units / \$67.00 per X ____unit(s):\$____ Mobile Home Units / \$49.50 per X unit(s):\$ TOTAL DUE:\$ Please attach a copy of the **Property Information Form & Fit Premises Questionnaire** for each rental dwelling unit. I have been informed of the Good Landlord Program and I DO*______or DO NOT_____wish to participate at this time. *Applicants who desire to participate in the city's good landlord program shall also complete and submit the Good Landlord Program Agreement. (A copy of this agreement can be obtained in the Community Development Department.) New applicants of the Good Landlord Program must obtain and submit a copy of the certificate showing attendance and completion of the Good Landlord training. This must be submitted to our office within 6 months of approval. CERTIFICATE #:_____DATE OF ATTENDANCE:____LOCATION OF CLASS:_____ If licensing more than one rental property, please list address and unit # below: RENTAL LOCATION: Address: Unit #: Address: _____ Unit #: _ RENTAL LOCATION: RENTAL LOCATION: Address: Unit #: RENTAL LOCATION: Address: Unit #: **OFFICE USE ONLY** Planning Division: ____ Approved Receipt #: Denied Date Building Division: ____ Approved Licensing Officer: ____ Approved ____ Denied Received By: _____ Date: ____ Date Denied Date Amount: Land Use Zone: ___ __ Conditional Use Permit Required? ☐ Yes ☐ No Type of Payment: Site Plan Required? ☐ Yes ☐ No ☐ Cash ☐ Check # ☐ Credit Card Health Dept Approval? ☐ Yes ☐ No ☐ N/A Reason/Comments: ___ License #: REV. 05-01-19



License #

Fit Premises Questionnaire

Clearfield City
55 South State Street
Clearfield, UT 84015

Phone: (801) 525-2780 - Fax (801) 525-2865

All dwellings must comply with the minimum standards as adopted by Clearfield City. A copy of the International Property Maintenance Code is available at the Community Development Department. Although not all inclusive, the following are some of the general requirements related to a "Fit Premise".

Property Owner Manager Name/Agent		vner	Property Address	# of units				
		ame/Agent	Address	Phone				
Ch	eck t	he a	ppropriate box:					
	Yes							
			•	t rooms are provided with an exit leading	•			
			The doors and windows are weather tight with no broken glass and the roof does not leak.					
			Every apartment building is designated by a letter or a number for easy identification and is visible from the street.					
			Smoke detectors are provided on the ceiling or wall at a point centrally located in the hallway or each area giving access to each separate sleeping area.					
			Each of the habitable rooms in the dwelling units have at least one window which opens or is operable for light and ventilation.					
			The heaters or furnaces in the rental units will maintain a room temperature of 68 degrees at 3 feet above the floor in all habitable rooms.					
			The electrical service, lights, switches, and outlets are in good repair.					
			All sleeping rooms including any basement sleeping areas have at least one operable window or exterior					
			door to provide emergen	cy escape or rescue.				
			Plumbing drains and lines are operable and do not leak.					
			There are handrails at all interior and exterior stairs with 4 or more risers.					
			There are guardrails at all porches and landings that are over 30 inches above the ground.					
			All dwelling units have hot and cold running water to kitchen and bathroom sinks, tubs, showers, clothes washers, etc.					
			The property is clear of automobiles that don't run, trash, debris, or weeds taller than 6 inches on the property.					
				n toilet facilities that work.				
			fy that to the best of my in this questionnaire.	knowledge, the dwelling units listed a	above meet or exceed the standards			
Dat				Owner/Agent				
Dal	<u>.</u>			Owner/Agent				

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