APPLICATION FOR GROUP LIVING ARRANGEMENTS

West Bountiful City
PLANNING AND ZONING
550 N 800 W
West Bountiful, UT 84087
Phone: (801) 292-4486
www.wbcityut.gov

PROPERTY ADDRESS: _____ **DATE:** _____

NAME OF BUSINESS/USE: _____

Applicant Name: _____ Address: _____

Applicant E-mail: _____ Phone: _____

Property Owner & Phone (if different): _____

☐ **Describe in detail the use for which this application is being submitted. Include the precise ordinance, rule, policy, practice, or procedure from which you seek accommodation, attach a separate sheet if necessary.**

_____

_____

_____

At a minimum, also provide the following information.

☐ Detailed floorplan showing sleeping arrangements, bathrooms, etc. Include total square footage of home.

☐ Detailed site plan showing off-street parking layout, outdoor gathering space, etc.

_____

The Applicant(s) hereby acknowledges that they have read and are familiar with applicable requirements of Title 17.84 of the West Bountiful City Code, pertaining to Group Living Arrangements. If the applicant is a corporation, partnership or other entity other than an individual, this application must be in the name of said entity, and the person signing on behalf of the Applicant hereby represents that they are duly authorized to execute this Application on behalf of said entity.

I certify that the above information is true and correct to the best of my knowledge. I understand the information on this application may be made available to the public upon request.

Date: _____ Applicant Signature: _____

Date: _____ Property Owner (if different); _____

FOR OFFICIAL USE ONLY

Application Received Date: _____ Permit Number: _____
Application Fee Received Date: _____ Fire Inspection Date: _____
Permit Approval: _____ Fire Inspection Approval Date: _____