



Year _____

License # _____

Residential Rental License Application
3 or More Rental Units
2549 Washington Blvd. Suite 240
Ogden, UT 84401
Phone:801-629-8965

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 _____

Rental Property Information:

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

Rental Dwelling Address: _____ City _____ State _____ Zip _____

Total Number of Units: _____

Manager name: _____ Phone _____ Email _____

Address: _____ City _____ State _____ Zip _____

Multi-Unit Rental Licensing Fees

Number of Buildings _____ x \$83 ea. = _____

Number of Units _____ x \$82 ea. = _____

Is building owner occupied? Yes No

Late fees @ _____ % _____

Total Due _____

Good Landlord Incentive Discounted Fees

GLL Cert. # _____

Number of Buildings _____ x \$83 ea. = _____

Additional Buildings _____ x \$10 ea. = _____

Number of Units _____ x \$7 ea. = _____

Is building owner occupied? Yes No

Late fees @ _____ % _____

Total Due _____

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

Planning Approved Not approved By: _____ Date: _____

Department Approved Not approved By: _____ Date: _____

“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.

Check the appropriate box:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All dwelling units must be maintained safe, sanitary and fit for human occupancy. |
| <input type="checkbox"/> | <input type="checkbox"/> | Must maintain electrical, plumbing, heating, hot and cold water systems in safe conditions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Smoke alarms must be provided in each room used for sleeping purposes. |
| <input type="checkbox"/> | <input type="checkbox"/> | Smoke alarms must be provided in habitable spaces to include each level, basement, and cellars. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | If provided, air conditioning systems must be maintained in an operable condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | Receptacles must be maintained and provided for appropriate garbage and waste removal. |
| <input type="checkbox"/> | <input type="checkbox"/> | Each of the habitable rooms in the dwelling units has at least one window which opens or is operable for light and ventilation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | Handrails and Guardrails required on all interior and exterior porches, landings, and stairs over 30 in. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Parking of vehicles, trailers, boats etc. must be on legal hard surfaces and must be currently licensed and operable. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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:

<input type="checkbox"/> Multit-Unit	Number of Units _____	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	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____ Date: _____
Department	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____ Date: _____

<input type="checkbox"/> Multit-Unit	Number of Units _____	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	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____ Date: _____
Department	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____ Date: _____

<input type="checkbox"/> Multit-Unit	Number of Units _____	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	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____ Date: _____
Department	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____ Date: _____

<input type="checkbox"/> Multit-Unit	Number of Units _____	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	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____ Date: _____
Department	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____ Date: _____