



Year \_\_\_\_\_

License # \_\_\_\_\_

### Rental Dwelling License Application Single Family

Ogden City Customer Service Center  
2549 Washington Blvd. Suite 240  
Ogden, Utah 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: \_\_\_\_\_

Business 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 \_\_\_\_\_

- Single  
  ADU (legal accessory dwelling unit)  
  Group Dwelling Units (2 SFD on one parcel)

APN (assessor's parcel number): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Rental Dwelling Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Manager name: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>Official Use Only:</b>	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: _____

<u>Rental License Fees</u>	
Number of Single Units _____	x \$156 ea. = _____
Late Fees @ _____	_____
<b>Total Due</b>	_____

<u>Good Landlord Discounted Fees</u>	
GLL Cert. # _____	
Number of Single Units _____	x \$13 ea. = _____
Late Fees @ _____	_____
<b>Total Due</b>	_____

**“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:

- | <b>YES</b>               | <b>NO</b>                |  |
|--------------------------|--------------------------|--|
| <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"/> Single	APN (assessor's parcel number): _____ - _____ - _____
<b>Rental dwelling address:</b> _____	Ogden, UT Zip _____
Manager name: _____	Phone _____
City _____ State _____ Zip _____	Email _____
-----	
<b>OFFICIAL USE ONLY:</b>	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"/> Single	APN (assessor's parcel number): _____ - _____ - _____
<b>Rental dwelling address:</b> _____	Ogden, UT Zip _____
Manager name: _____	Phone _____
City _____ State _____ Zip _____	Email _____
-----	
<b>OFFICIAL USE ONLY:</b>	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"/> Single	APN (assessor's parcel number): _____ - _____ - _____
<b>Rental dwelling address:</b> _____	Ogden, UT Zip _____
Manager name: _____	Phone _____
City _____ State _____ Zip _____	Email _____
-----	
<b>OFFICIAL USE ONLY:</b>	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"/> Single	APN (assessor's parcel number): _____ - _____ - _____
<b>Rental dwelling address:</b> _____	Ogden, UT Zip _____
Manager name: _____	Phone _____
City _____ State _____ Zip _____	Email _____
-----	
<b>OFFICIAL USE ONLY:</b>	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: _____