



Community • Prosperity • Choice

# RESIDENTIAL FACILITY FOR PERSONS WITH A DISABILITY LICENSE APPLICATION

Community & Economic Development Dept. • 437 N Wasatch Dr. • Layton, UT 84041  
Phone: (801) 336-3788 • Fax: (801) 336-3789 • [www.laytoncity.org](http://www.laytoncity.org)

LICENSE #

## FACILITY INFORMATION

**Business Status** (check all that apply):  New Facility  Location Change (within Layton City)  Name Change  Ownership Change

APPLICATION DATE: \_\_\_\_\_ TENTATIVE OPENING DATE: \_\_\_\_\_

**ORGANIZATION NAME:** \_\_\_\_\_

**DBA NAME (if applicable):** \_\_\_\_\_

**FACILITY INFO:** Physical Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**OWNER/MANAGER INFO:** Owner Name: \_\_\_\_\_  
Owner Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Owner Email: \_\_\_\_\_  
Site Manager Name: \_\_\_\_\_  
Site Manager Phone #: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Site Manager Email: \_\_\_\_\_

**MAILING INFO:** Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_  
(if different) City, State Zip: \_\_\_\_\_

**DO YOU:**  OWN this property  RENT this property (If renting, you *must* provide a signed *Property Owner Permission Form*)

**ADDITIONAL SITES:** Does this organization have any additional facility locations in Layton City?  Yes  No If yes, how many? \_\_\_\_\_  
If Yes, please list the Owner/Manager Name and address of the facility below.

Owner/Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Owner/Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Owner/Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Has this organization registered with the State of Utah, Commerce Department?**  Yes  No If no, please apply at [www.osbr.utah.gov](http://www.osbr.utah.gov)

**Has this organization registered with the Utah Department of Human Services?**  Yes  No If no, please apply at [www.dhs.utah.gov](http://www.dhs.utah.gov)

**TYPE OF FACILITY:**  Disabled Person(s)  Transitional Home  Assisted Living

State License # (DOPL): \_\_\_\_\_ State License (DOPL) Type: \_\_\_\_\_

# of occupants to live in the Facility: \_\_\_\_\_ # of "overnight" care personnel: \_\_\_\_\_ # of bedrooms in the Facility: \_\_\_\_\_

Describe Your Business In Detail (attach additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PUBLIC INFORMATION POSTED ON LAYTON CITY'S WEBSITE:

Layton City typically posts the Name, Address and Business Phone Number of all its local businesses on the [www.laytoncity.org](http://www.laytoncity.org) website.

**Check information you *WOULD LIKE* made available:**

Facility Name  Facility Primary Phone Number  Facility Address

## COMPLIANCE QUESTIONS AND STATEMENTS

### Residential Facility's for Persons with a Disability shall meet all provisions in this application and those in Chapter 19.06.060.

(By marking each box after reading and completing each section, you agree to comply with all of these provisions):

- This facility has been checked for compliance with zoning regulations and has submitted applications for any additional approvals, such as a Conditional Use, which may be required before this business license can be approved.
- To maintain the appearance of a typical single-family home, no structural alterations that would change the appearance of a single-family home facility have or will be made.
- The facility shall be run in such a manner that the average neighbor, under normal circumstances would not be aware of its existence.
- The facility will have sufficient off-street parking to accommodate all vehicles related to the use.
- No objectionable traffic or parking shall be allowed around the premises.
  - Will there be visitors?    Yes    No      • How many per week? \_\_\_\_\_
  - Describe where visitors will park: \_\_\_\_\_
- Under the definitions for Residential Facility for Persons with a Disability found in Chapter 19.02.020 of the Layton City Ordinance, would this facility be classified as a "Large" or "Small" facility?
  - Large Facility (13 or more persons): \_\_\_\_\_
  - Small Facility (12 or fewer persons): \_\_\_\_\_
- Residents of the facility will be properly supervised on a twenty-four (24) hour basis.
- The placement of all persons within a Residential Facility for Persons with a Disability is on a strictly voluntary basis.
- The number of occupants living in any one "Small" facility will not exceed two (2) persons per bedroom.
  
- The facility shall include no window displays and signage shall be limited to an identification sign which does not exceed four (4) square feet, located on a single wall or window.
  - Please provide signage dimensions and location (if one is desired): \_\_\_\_\_
  
- This application shall be reviewed by the Community Development Director for approval. The decision may be appealed to the Board of Adjustment. Such appeal shall be applied for within 30 days of the Community Development Director's decision. If the Board of Adjustment approves the application, the Community Development Director shall issue a Permit.
- The Community Development Director may revoke the Residential Facility Permit for violation of any provision of Layton City code.
- Inspections may be performed without notice to ensure compliance to this ordinance.

## APPLICANT'S AGREEMENT

**This form is an application for a business license. The actual license will be issued only when the business is in compliance with all local, state, federal, fire and building codes and all inspections are completed and signed off by the various City departments. Missing or incomplete information on this application may significantly increase approval time.**

**It is unlawful for any person either directly or indirectly to conduct or operate any business or nonprofit enterprise or to use in connection therewith any vehicle, premises, machine or device in whole or in part, without first obtaining a license to do so and without keeping such license in effect at all times during the conduct or operation thereof. (Layton City Municipal Code 5.04.020-1)**

**No business license shall be transferred from one person to another, nor from one location to another. (Layton City Code 5.04.130)**

**I, the undersigned, hereby agree to conduct said Home Occupation strictly in accordance with all Layton City codes governing such business, and swear under penalty of law that the information contained herein is true and correct to the best of my knowledge. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I also acknowledge the responsibility to renew the Layton City business license within 15 days of my expiration date. A \$40 late fee will be assessed 16 to 45 days after expiration and a \$65 late fee will be assessed 46 days after expiration.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Print Your Name:** \_\_\_\_\_

## OFFICE USE ONLY

Revised 07/30/15

Planning Division: \_\_\_\_\_ Approved      \_\_\_\_\_ Denied      \_\_\_\_\_ Date  
Building Division: \_\_\_\_\_ Approved      \_\_\_\_\_ Denied      \_\_\_\_\_ Date  
Licensing Officer: \_\_\_\_\_ Approved      \_\_\_\_\_ Denied      \_\_\_\_\_ Date  
Zoning District: \_\_\_\_\_ Conditional Use Permit Required?    Yes    No  
Reason/Comments: \_\_\_\_\_  
\_\_\_\_\_

Receipt #: _____	License # _____
Received By: _____	Date: _____
Amount: _____	2% Fee: _____
Type of Payment:	
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card	