

#8055



SOUTH JORDAN

RESIDENTIAL FACILITY PERMIT / BUSINESS LICENSE APPLICATION

Send all completed and properly signed forms (including attachments as necessary) along with applicable permit and licensing fees to: South Jordan City, Business Licensing, 1600 W. Towne Center Drive, South Jordan City, UT 84095 Telephone: 801-254-3742

- Residential Support
- Residential Treatment Facility
- Social Detoxification
- Assisted Living Home
- Other _____

Number of Proposed Residents: _____

Section 1. Business Information		
Business Name/DBA: <u>PIVOT POINT Recovery Residence</u>		Website: <u>Jeff@pivotpointrecovery.com</u>
Location of Business: <u>94255. Redwood Rd.</u>		Apt/Suite No. _____
City: <u>SOUTH JORDAN</u>	State: <u>UT</u>	Zip Code: <u>84095</u>
Business Telephone: [REDACTED]	Business Fax: [REDACTED]	mail: [REDACTED]
Have you been previously licensed for this business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, under what name & jurisdiction? _____		
Section 2. Owner Information		
Business Owner: <u>Jeff Lyon</u>		
Address: <u>11373 S. Apple Grove Ln</u>		Apt/Suite No. _____
City: <u>SOUTH JORDAN</u>	State: <u>UT</u>	Zip Code: <u>84095</u>
Telephone: [REDACTED]	Birth Date: [REDACTED]	Driver Lic #: [REDACTED] State: <u>UT</u>
Check one: <input type="checkbox"/> Rent/Lease Business Premises <input checked="" type="checkbox"/> Own Business Premises		
Section 3. Business Mailing Address. (This is the address where all permit, license, and renewal forms will be sent)		
<input type="checkbox"/> Same as Section 1	<input checked="" type="checkbox"/> Same as Section 2	<input type="checkbox"/> Send all correspondence to:
Type of Organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <u>LLC</u> <input type="checkbox"/> Sole Proprietor		
State Business License # _____	License Type: _____	Expiration Date: _____
Utah Sales Tax #: <u>N/A</u>	Federal Tax ID #: [REDACTED]	
Section 4. Business Information		
Projected opening date for business: <u>As soon as we meet requirements</u>		
Number and type of staff: <u>3 Manager & ASSISTANTS</u>		
Number and type of staff residing in home: <u>1 house Manager + 2 ASSISTANTS.</u>		
Number of off-street parking stalls: <u>6</u>		
Has this business been the subject of either criminal and/or administrative sanctions during the last 10 years? <u>No</u>		
What Utah Department of Human Services/Utah Department of Health licensure or certification has been issued? _____		
EPA Hazardous materials on site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, MSDS of chemicals must be attached.		

- Copies of State of Utah License(s) or Certification(s)
- Blueprints or detailed drawings of residential property and floor plans (including measurements).

I ACKNOWLEDGE RECEIPT OF A COPY OF THE SOUTH JORDAN CITY RESIDENTIAL FACILITIES ORDINANCE.

I AM AWARE THIS APPLICATION DOES NOT AUTHORIZE OPERATING OR CONDUCTING BUSINESS UNTIL APPROVED BY SOUTH JORDAN CITY AND PERMIT AND/OR LICENSE HAS BEEN ISSUED. ALL FEES ARE NON REFUNDABLE.

RENEWAL OF THIS LICENSE IS THE RESPONSIBILITY OF THE BUSINESS OWNER. FAILURE TO RECEIVE A RENEWAL NOTICE DOES NOT EXCUSE THIS RESPONSIBILITY.

I HAVE READ THE FOLLOWING AND AGREE TO COMPLY WITH ALL ORDINANCES, CODES AND REGULATIONS SET FORTH BY SOUTH JORDAN CITY, SALT LAKE COUNTY, THE STATE OF UTAH, AND FEDERAL STANDARDS, AS THEY APPLY. I ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

IF THIS APPLICATION IS SIGNED IN BEHALF OF A COPORATION, THE SIGNATURE ALSO CERTIFIES THAT I AM AUTHORIZED TO ACT ON ITS BEHALF.

SIGNATURE 

DATE 3/24/15

OFFICIAL USE ONLY

Department Review	Date Reviewed	Recommendation	Initials	Explanation if not recommended for approval
Planning & Zoning	X	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> N/A		
Building	X	<input type="checkbox"/> Approve <input checked="" type="checkbox"/> Disapprove <input type="checkbox"/> N/A		No record of remodel permit
Fire	X	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> N/A		
Police	X	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> N/A		
Public Works	X	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> N/A		
Utilities	X	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> N/A		
Code Compliance	X	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> N/A		
Business	X	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> N/A	BS	Doesnt meet 5.62.030

Permit approval by Chief Business Licensing Official _____ Date _____

License Number: _____ Issued: _____