

BUSINESS LICENSE APPLICATION

For Official Use Only

4848

License No.:

Receipt No.:

Date Issued:

Application for NEW License 2016

| | | License Fees: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 | . 1 | License Fees: |
| Business Name: 12 P So briety The. d | | |
| Mailing Address: 3753 E 4100 N Liber | ty UT House | Land Use Fee |
| Mailing City: <u>Liberty</u> S | tate: UT Zip: 84310 | Total Fees: 7500 |
| Business Address: 288 Quest Antelo | pe Drive | |
| Business City: Layton Si | tate: UT Zip: 8401 | <u> </u> |
| Business Phone: \$01-971-0376 St | tate Lic. #: | |
| Applicant Name: CHRS FARNI | | |
| Applicant Address: 288 West Antelon | pe Duve | Applicant Phone: 612-805-523 (o Email: Chrise p2p So briety, Com |
| Applicant City: Layton St | tate: UT Zip: 8401 | (0 Email: Chris@ P2P So briety, Com |
| | | 000000000000000 |
| I/We hereby apply for a license to conduct busin of 12 months commencing on the 1st day of Jar | ness in the unincorporate nuary, 2016 , under the p | or area of Weber County Utan, for the term provisions of the ordinance of Weber |
| County relating to business licenses. | ,, 20,0, по р | |
| Dom | ılan Dusimasa Lisama | |
| Applicant must describe fully, in the following sp | ular Business License | |
| license requested. Attach additional sheet if ne | cessary | s to be conducted and the type of business |
| See attached sum | mary_ | |
| | 9 | |
| | | |
| License applications to Weber County require a upon satisfactory completion of application requirements to the best of my knowledge. | pproval of the departmen irements. The statemen | nts listed below. All licenses will be issued ts made on this application are true and |
| | Applicant's Sig | Postura |
| | 201 - Major Prima Bullanda Anton (1950) - 1950 - | |
| Weber County Code of Ordinance Sec. 14-6-1 Per due date, a penalty of 25 percent of the amount of su within three months of the due date, an additional per penalties provided for in this section shall be collected fees are collected and payment thereof enforced. No | nalty for late payment. If ar ich license fee shall be add nalty of 25 percent shall be d and the payment thereof | ny license fee is not paid within 45 days of the led to the original amount thereof, and if not paid added to the original amount thereof. All enforced in the same manner as the license |
| 000000000000000000000000000000000000000 | 00000000000 | 0 0 0 0 0 0 0 0 0 0 0 0 |
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| | | |
| Planning Comm Approval | Date | Return completed application to: |
| Building Insp. Approval | Date | Weber County Business License 2380 Washington Blvd, Suite 240 |
| Fire Dept Approval | Date | Ogden, UT 84401 Ph: 801-399-8374 |
| Health Dept Approval | Date | |

| Weber County Land Use Permit Application | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|-----------------------------------------------------------|-----------------------------|--|--|
| Application submittals are recommended to be submitted with an appointment. (801) 399-8791. 2380 Washington Blvd. Suite 240, Ogden, UT 84401 | | | | | | |
| Date Submitted / Completed | Fees (Office Use) | | Receipt Num | Receipt Number (Office Use) | | |
| Property Owner Contact Information | | | | | | |
| Namel Corinn Sebaske Phone 541-530-5437 | | Mailing Address 3753 E 41 Liberty, | Mailing Address 3753 E 4100 N Liberty, UT 84310 | | | |
| Email Address Schaske Ogmail. (Om | | | Preferred Method of Written Correspondence Email Fax Mail | | | |
| Authorized Representative Contact Information | | | | | | |
| Name of Person Authorized to Represent the Property Owner(s) | | Mailing Address of Au | Mailing Address of Authorized Person | | | |
| Phone | Fax | | | | | |
| Email Address | | Preferred Method of Written Correspondence Email Fax Mail | | dence | | |
| Property Information | | | | | | |
| Address 3753 E 4100N Wiberty, UT 84310 | | | Land Serial Number(s) 22-010-0053 | | | |
| Subdivision Name | Lot Number | Current Zoning AV-3 | | Acreage 93 | | |
| Culinary Water Provider Liberty Pipeline | Secondary Water Provider | Waste Water Provider | Waste Water Provider Frontage | | | |
| Detailed Description of Proposed Use/Structure Recovery residence | | | | | | |
| Property Owner Affidavit | | | | | | |
| I (We), | | | | | | |
| Subscribed and sworn to me this | | | | | | |

December 22, 2015

P2P Sobriety, Inc.

Federal ID #: 47-4694478 Utah ID #: 9495032-0142

TO: Weber County Planning Commission, Ben Hatfield, Planner

RE: Application for a Business License from Weber County to operate a "Residential Facility for Handicapped Persons" as a Permitted Use in accordance with Weber County Utah Ordinances for Zone AV-3, Section 5B-2 (17).

Name of the Residence: Spirit Mountain Recovery House

Specifically, the above noted residential facility will be for those whose "qualifying handicap is that they are substance free and engaged in a comprehensive program of recovery, or recovered from an addiction to drugs and alcohol" as defined and delineated in the U.S. Fair Housing Act (FHA). Current nomenclature for addiction to drugs and alcohol from which these individuals suffer is called a "substance use disorder."

The total number of residents to be treated in this residence is requested to be 8. This number of residents as the number of bedrooms (8), bathrooms (5), facility infrastructure and septic system capacity appear to warrant it (7,766 sf). The residence is located at 3753 East 4100 North, Liberty, Utah. Property #220100053.

Once a Business License is granted by Weber County, this above referenced Residential Facility and associated Recovery Program will also comply with the State of Utah's Department of Human Services, Title 62A, Chapter 2, Licensure of Programs and Facilities.

Professional Staff

Our professional staff includes appropriately credentialed physician, psychologist and licensed social worker who will be available, or accessible, 24 hours per day, 7 days per week, as appropriate.

Accredited Peer Support Specialists (PSS) staff will also be a part of the professional staff and be in residence at all times. The PSS will be assigned to a group of no more than 4 residents for whom they will interact and monitor in all aspects of that resident's recovery program.

All professional staff will be subject to overall management by the President of the Company, who will serve as the Company's Principal Business Manager for contact and accountability purposes in accordance with the licensing provisions of the Utah Department of Human Services. An Associate Manager at the facility will be assigned when the President is not on premises to assume his duties, but the President will maintain overall responsibility for the Residence and the Recovery Program at all times. All Business Manager Contact details will be current and communicated to the County and State.

An individual trained in CPR will be maintained within the residence at all times. All professionals will make periodic visits to the residence to perform their assigned duties or, when appropriate, the

Residence Staff will arrange for transportation of the resident(s) to an outside location for other therapy or activities as deemed appropriate.

All residents transported to and from the facility will be supervised directly by staff at all times. A Sprinter Van, SUV and a pickup truck will accommodate all transport needs. Within the property parking is easily sufficient for up to 6 vehicles to include the garages. No on-street parking will be needed.

The Program

Prior to acceptance into the above stated Residence and Recovery Program all applicants will be screened for personal background information, criminal records and documentation of detoxification having been completed at an outside facility. Then, after suitable payment accommodations have been made, our professional staff will perform the following services for each applicant:

- All necessary medical lab testing.
- A psychological assessment.
- A psychiatric assessment (Dual Diagnosis) to identify any other mental health issue.

After all tests and assessment are complete, our Clinical Director with Assistance of the President/Business Manager will determine the suitability of the applicant in regards to our program of recovery. If accepted, the applicant will then complete all the remaining paperwork and be formally admitted to the Program. Resident cell phones and electronic devices are not allowed. All residents will undergo random urinalysis testing to assure continued abstinence from abusive substances.

There is no unscheduled entry into the Residence by outsiders. No contact with the neighborhood or neighbors is required. No outside signage is necessary. The goal is for this facility and its residents and staff is to be courteous and respectful to each other and others around them. Unobtrusive, orderly and verbally composed at all times. Violations of these house rules will subject the resident to disciplinary measures or result in the removal of the individual from the program based on the severity of the indiscretion. All county, state and country laws will be strictly complied with and respected.

The Company's Recovery Program is focused around the following parameters for each resident:

- Initially stabilizing and then maintaining adequate rest, good nutrition and daily exercise.
- Educating the individual on all physiological and psychological aspects of their addiction.
- Personal professional counseling to include cognitive and dialectic therapies, if appropriate.
- Group therapy, informal group interaction, and discussion.
- An immersion into all aspects of AA's 12 Step Program to include attendance at local meetings.
- Equine Assisted Psychotherapy and Spa-based relaxation therapies, as appropriate.
- Assistance with meeting the requirements of any other State or County mandated measures.
- Family, loved one and community reengagement, as appropriate.
- Relapse prevention, life skills and anger management tools will be taught and practiced.
- Transition assistance provided in order to successfully transfer the individual to the next level of their recovery necessary to maintain sobriety.

Daily scheduled activities by the hour: Monday through Friday from 7 am to 10 pm when it will be lights out. Saturday, from 7 am to 11 pm and Sunday, from 8 am until 10 pm. The residents are responsible for cleaning their bed linens, rooms and bathrooms. All residents supervised and monitored 24/7 by at least by 2 members of the Company's PSS and as well as other professional staff at all times.

Length of Stay, Suitability of the Residence and Building Safety

The minimum length of residential stay for an individual will be for no less than 30 days and more typically from 45 to 90 days or longer depending on the circumstances. The longer the individual stays in our Residential Recovery Program the better the chance for their maintained sobriety. The above stated home-style Residential Facility and surrounding area is well suited to meet the needs of men recovering from substance abuse and a place where families can finally breathe a sigh of relief that their loved one is being professionally cared for and safe. The Facility will meet or exceed County and State Building Codes, Health and Safety requirements, or receive a waiver. An emergency and fire evacuation plan will be posted in each room and practiced no less than weekly.

Food Preparation

As the residence is the resident's home away from home during their stay. They and Company's Staff will be required to participate in meal preparation, cooking, meal service and cleanup on a rotational basis. Food menus will be posted for the 7 day week as prepared by the Company's Nutritionist. Food allergies will be accommodated as noted and requested from a Resident's Background Check.

Continuum of Care

Recovery from Substance Use Disorder is a life-long program of maintaining healthy physical and spiritual disciplines. The goal of the Company Program is to stabilize, educate and motivate the individual to take responsibility for themselves as a valued member of their family and communities. This is regardless of where they find themselves on their life's journey at time.

The unique characteristics of the Company's Residence and Personalized Recovery Program provide the resident personal disciplines and life management tools necessary for them to maintain their sobriety and to successfully transition them onto their next stage of recovery after their program concludes.