



**MAPLETON CITY CORPORATION**  
**RESIDENTIAL CARE FACILITY**

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**Applicant Information**

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_ Project Parcel#: \_\_\_\_\_

Project Location: \_\_\_\_\_ Number of Residents Requested: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(property owner or authorized agent)

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**Submittal Requirements**

- Submit application.
- Pay application fee of \$100.00 (click on \$ link below or bring payment to City Hall).
- Provide evidence that the proposed use is or will be licensed or certified by the department of human services under title 62A, chapter 2, licensure of programs and facilities, or by the department of health under title 26, chapter 21, health care facility licensing and inspection act.
- Provide a cover letter describing the proposed use and how the use will comply with Mapleton City Code (MCC) Chapter 18.84.370.B.
- If a request for a reasonable accommodation is included with the proposed use, please provide a justification as outlined in MCC Chapter 18.84.370.B(5).
- Submit a site plan showing existing and proposed buildings and parking layout.
- Submit a floor plan showing how the interior of the building(s) will be used.