IVINS CITY
IVINS CITY
85 N. Main St. Ivins, UT 84738
Tel. 435-628-0606 Fax 435-674-5486
www.ivins.com

Rec'd By:	_____
Filing Fee:	**$**_____
Receipt #:	_____
Date:	_____
Code:	**403**

FINAL PLAT EXTENSION APPLICATION

Please print clearly above the line.
If the application and checklist are not complete, the application will be returned to the applicant.

Fee: $200.00

_____ _____
Subdivision Name Applicant/Agent

_____ _____
Tax ID Phone Fax

_____ _____
Property Owner Acreage Lots Zone

_____ _____
Address of Property Owner Address of subject property

APPLICANT AFFIDAVIT

I, _____, do hereby say that I am the owner/agent of the subject property of this application. The statements, information, exhibits and any and all plans herein or attached or submitted present the intentions of the applicant and are in all respects true and correct to the best of my knowledge and belief. I do hereby agree to pay all adopted and customary fees of Ivins City relating to this application.

Signature of applicant	**Date**
Signature of property owner	**Date**
Date received:	**Application complete:**
Signature of Building and Zoning Administrator	**Date**