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	

PRELIMINARY PLAN APPLICATION

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

Fee: $500 + $20 per lot plus
Mailing Fee: $.75 per mailing label

_____ 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**