



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

SUBDIVISION RECORDING CHECK LIST

Date: _____ **Subdivision & Phase:** _____
Developer: _____ **Contact:** _____
Address: _____ **Phone:** _____
City: _____ **State:** _____ **Zip:** _____
Lots: _____ **Acres:** _____ **Title Company:** _____

FILE PLAT RECORDING FEE _____

MYLAR PLAT _____

REQUIRED SIGNATURES ON PLAT _____

CD (DIGITAL COPY OF PLAT – AUTOCAD DWG FILE) _____

TITLE REPORT (DATED WITHIN 30 DAYS) _____

DEVELOPMENT AGREEMENT _____

CC&R's (SIGNED) _____

IMPROVEMENT BOND (100%) _____
(IC FORM 7016)

WARRANTY BOND (10%) _____
(IC FORM 7016)

WCWCD – WATER IMPACT FEES PD _____

IVINS CITY IMPACT FEES PAID _____
(IC FORM 7015)

DATE DELIVERED TO TITLE COMPANY _____