



85 N. Main St. Ivins, UT 84738

Tel. 435-634-0689 www.ivinsutah.gov

For Office Use

Date: _____

Contribution: _____

GL Code: 38-33-104 Bill Code: 4-406

FOG SEAL SURFACE TREATMENT CONTRIBUTION FORM

Subdivision Name:	Phase:
Location:	Acreage:

Contributors Information

Company/Owner's Name:			
Address:		Email:	
City:	State:	Zip:	Phone #:

CONTRIBUTION

Square Footage (SF): _____ X Unit Cost* (\$/SF) _____

= Total Contribution Amount (\$): _____

*for correct approved unit cost see standard specifications.

Applicants may select to fulfill the required fog seal obligation required by Ivins City for all newly constructed public streets through a monetary contribution equal to the cost of a standard fog seal treatment. In such cases, Ivins City shall apply an HA5 surface treatment and be responsible for the incremental cost of the upgraded treatment, which provides enhanced durability and performance. The undersigned acknowledges that this contribution represents the equivalent cost of a standard fog seal treatment and that the square footage and resulting contribution amount provided herein are accurate and complete.

Company/Owner _____ **Date** _____
Signature/Name Title

Ivins City _____ **Date** _____
Ivins City Public Works