

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

www.ivins.com

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Date:	·
Code: 403	

PHASED SUBDIVISION MASTER 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 + \$15 per lot Mailing Fee: \$.75 per mailing label			
Subdivision Name	Applicant/Agent		
Tax ID	Phone		Fax
Property Owner	Address of subject property		
Address of Property Owner	Acreage	Lots	Zone
I,	that I am the o and any and a re in all respect	ll plans herein ts true and co	rrect to the best of my
Signature of applicant	Date		
Signature of property owner	Date		
Date received:	Application complete:		
Signature of Building and Zoning Administrator	Date		