



IVINS CITY

55 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**

