



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: 483

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

KANTA VILLAGE

Subdivision Name

1-SB-58-A-1

Tax ID

KAL MAHLI MALHI

Property Owner

Address of Property Owner

MAC BOWELL

Applicant/Agent

(623) 606-3297

Phone

Fax

9.12

81

MU OVERLAY
R-M C-1

Acreage

Lots

Zone

343 WEST HIGHWAY 91
IVINS, UT 84738

Address of subject property

APPLICANT AFFIDAVIT

I, Kal malhi, 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]
Signature of applicant

March 4, 2019
Date

[Signature]
Signature of property owner

March 4, 2019
Date

Date received:

Application complete:

[Signature]
Signature of Building and Zoning Administrator

3-14-19
Date