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Tel. 435-628-0606 Fax 435-674-5486

www.ivins.com

## PRELIMINARY PLAN APPLICATION

Please print clearly above the line. If the application and checklist are not complete,

the application will be returned to the application	cant.	
Fee: \$500 + \$20 per lot plus Mailing Fee: \$.75 per mailing label		,
Subdivision Name	Harold Turner / Applicant/Agent	Matt Lofthouse
<u>T-SB-15-A-1-J</u> Tax ID	435-632-6778 Phone	Fax
Harold Turner Property Owner	Acreage Lo	Zone Zone
375 N. ZOO W. IVINS UT. Address of Property Owner	375 N. 200 W. Address of subject property	
I, Harold APPLICANT AFFIDAVIT  I, Harold A. Wine 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 par all adopted and customary fees of Ivins City relating to this application.		
Signature of applicant	Date	
Harold A. Turner Signature of property owner	4/22/19	>
Signature of property owner	Date /	
-Date received:	Application complete:	•
man	4.22-1	9
Signature of Building and Zoning Administrator	Date	
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