



Rec'd By:	_____
Filing Fee:	\$ <u>524.00</u>
Receipt #:	_____
Date:	<u>7/31/19</u>
Code:	403

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

CONCEPT 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 + \$12 per lot

T&L PARKWAY
Subdivision Name

PREMIER DESIGN / ERIC MCFADDEN
Applicant/Agent

I-16-A
Tax ID

(435) 313-2267 N/A
Phone Fax

ERIC GISH
Property Owner

175W 100S
Address of subject property

175W 100S
Address of Property Owner

1.01 2 RESIDENTIAL
Acreage Lots Zone

I, Eric Gish, **APPLICANT AFFIDAVIT**
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

7-31-2019
Date

[Signature]
Signature of property owner

7/31/2019
Date

Date received:

Application complete:

[Signature]
Signature of Building and Zoning Administrator

8/1/19
Date