



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



Rec'd By: _____
Filing Fee: \$ 536.00
Receipt #: _____
Date: 1/24/22
Code: 403

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

Vista
Subdivision Name

1-19-A

Tax ID

Sally Jensen

Property Owner

145 W 100 S, Ivins UT 84738

Address of Property Owner

Sally Jensen Sally Jensen
Applicant/Agent

435-668-3466

Phone Fax

145W 100S, Ivins UT 84738

Address of subject property

0.94 3 R1-10

Acreage Lots Zone

APPLICANT AFFIDAVIT

I, Sally Jensen, 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.

Sally Jensen Jan 21, 2022
Signature of applicant Date

Sally Jensen Jan 21, 2022
Signature of property owner Date

Date received: Application complete:

Mil Al 25 Jan 22
Signature of Building and Zoning Administrator Date