



# 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:	401

## GENERAL PLAN AMENDMENT APPLICATION

Fee: \$1,000  
Mailing Fee: \$.75 per mailing label

- Figure 1 – Land Use
- Figure 3 – Roadway

\_\_\_\_\_  
Tax ID

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Address of Property Owner

\_\_\_\_\_  
Applicant/Agent

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Existing:

\_\_\_\_\_  
Proposed:

\_\_\_\_\_  
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