



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:	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

_____	_____
Subdivision Name	Applicant/Agent
_____	_____
Tax ID	Phone Fax
_____	_____
Property Owner	Address of subject property
_____	_____
Address of Property Owner	Acreage Lots Zone

### 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