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

IVINS CITY APR 26 2016 PAID

Rec'd By:	KBC
Filing Fee:	$ 764.00
Receipt #:	181094
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 $764.00

Shadow Canyons Phase 3 of Ivins	Gary Nelson
Subdivision Name	Applicant/Agent
I-SB-61-A-2 & I-SB-64-D	208-731-5030
Tax ID	Phone Fax
Gary Nelson	500 South Main Street
Property Owner	Address of subject property
PO Box 6004, Twin Falls, ID 83303	6.77 22 R-1-10
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 Gary Nelson **Date** 4-26-16

Signature of property owner **Date**

RECEIVED APR 26 2016 IVINS CITY

Date received: **Application complete:**

Signature of Building and Zoning Administrator Ken Rudd **Date** 4/26/16