PAID
APR 11 2022
IVINS CITY

Rec'd By:	
Filing Fee:	$ 611.00
Receipt #:	
Date:	4/11/22
Code: 403	CK 0122

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

PRELIMINARY 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 + $20 per lot plus
Mailing Fee: $.75 per mailing label $51.00

VISTA SUBDIVISION Subdivision Name	SALLY JENSEN Applicant/Agent
1-19-A Tax ID	(435) 668-3466 Phone Fax
SALLY JENSEN Property Owner	0.94 3 R-1-10 Acreage Lots Zone
145 W 100 SOUTH, IVINS Address of Property Owner	145 W 100 SOUTH, IVINS Address of subject property

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 **Signature of applicant**	4/8/2022 **Date**
Sally Jensen **Signature of property owner**	4/8/2022 **Date**
8 Apr 22 **Date received:**	11 Apr 22 **Application complete:**
M Mp **Signature of Building and Zoning Administrator**	**Date**