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

IVINS CITY OCT 29 2024 PM

Rec'd By:	
Filing Fee:	$ 560.00
Receipt #:	596099
Date:	10-29-24
Code: 403	CK 1032

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

RED SUNSET ESTATES PHASE 1	BRENT ENCE
Subdivision Name	Applicant/Agent
I-6	(435) 680-3442
Tax ID	Phone Fax
IRVIN & BETTY ENCE FAMILY TRUST	1.34 / 3 / RE-12.5
Property Owner	Acreage / Lots / Zone
65 E 200 S	65 E 200 S
Address of Property Owner	Address of subject property

APPLICANT AFFIDAVIT

I, Brent Ence, **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.**

Brent Ence	10-24-2024
Signature of applicant	**Date**
Brent Ence	10-24-2024
Signature of property owner	**Date**
	10-29-24
Date received:	**Application complete:**
	10/29/24
Signature of Building and Zoning Administrator	**Date**