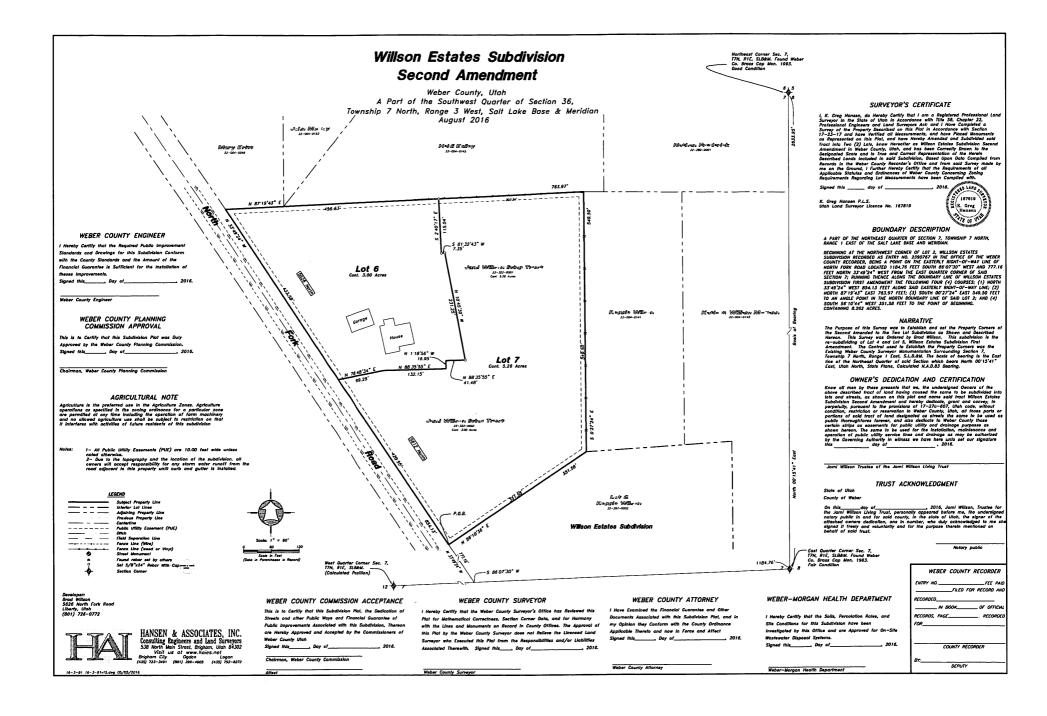
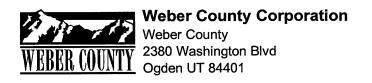
	Weber County Subo	division Appli	ication		
All subdivisions submittals w	vill be accepted by appointment only. (801) 399-8791. 2380 Wash	hington Blvd. Suite 240, Ogden, UT 84401		
Date Submitted/Completed フ/シの/ ション	Fees (Office Use)	ReceiptNumber(OfficeUse)	File Number (Office Use)		
Subdivision and Property Info	ormation				
Subdivision Name Willson EStat	2 .S		Number of Lots		
	Fork ROAD	LandSerial Number(s) ユュー3シューの			
Current Zoning	Total Acreage B. 2-6	22-322-0	00 4		
Culinary Water Provider Library Pipeline	Secondary Water Provider		Septic		
Property Owner Contact Info	rmation				
Name of Property Owner(s) BIAD Willson Phone 801-726-0772	DRAD Willson STATE L'h&		Tobberty, H-843/0		
EmailAddress Buillson e WAD	usu. Com	Preferred Method of Writte Email Fax	en Correspondence Mail		
Authorized Representative C	ontact Information				
Name of Person Authorized to Represer	nt the Property Owner(s)	Mailing Address of Author	ized Person		
Phone	Fax				
EmailAddress	ddress		Preferred Method of Written Correspondence Email Fax Mail		
Surveyor/Engineer Contact II	nformation				
ame or Company of Surveyor/Engineer		Mailing Address of Surveyor/Engineer			
HANSON & ASSOCI Phone 801-399-4905	Fax	538 Neart Brigham C	H, H. 84302		
EmailAddress		Preferred Method of Writte			
Property Owner Affidavit					
and that the statements herein conta	ined, the information provided in the atta edge that during the subdivision review p	ached plans and other exhib	owner(s) of the property identified in this application pits are in all respects true and correct to the best of ned that additional requirements, covenants and/or		
(Property Owner)		(Property Owner)			
Subscribed and sworn to me this	day of, 20				
			(Notary)		

Authorized Representative Affidavit		A Company Comp	
I(We),		of the real property described in the attached a, to represent me (us) regarding the attache considering this application and to act in all re	d application and to appear on
(Property Owner)		(Property Owner)	
Dated thisday of, signer(s) of the Representative Authorization Affiday	20, personally ap it who duly acknowledge	peared before med to me that they executed the same.	, the
			(Notary)





Customer Receipt

Receipt Number 18635

Receipt Date

07/20/16

Received From:

Brad Willson

Time:

13:24

			Clerk: ssillito	e
Description		Comment		Amount
Subdivision Fee		Subdivision Fee		\$600.00
	Payment Type	Quantity	Ref	Amount
	CHECK			
		AMT TENDERED:	\$600.00	
	AMT APPLIED:		\$600.00	
		CHANGE:	\$0.00	