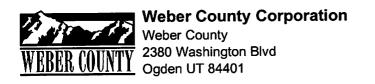
Weber County Subdivision Application						
All subdivisions submittals	will be accepted by appointment only.	(801) 399-8791. 2380 Was	hington Blvd.	Suite 240, Ogden, UT 84401		
Date Submitted / Completed	Fees (Office Use)	ReceiptNumber(OfficeUse)	File Number (Office Use)		
Subdivision and Property In	formation					
Subdivision Name FLIA O Fo	WLES SUBDIUIS	5,0N		Number of Lots		
Approximate Address 148 N 10630 F Current Zoning		Land Serial Number(s) 21.019.0003, 0005,0006		0002, 0004,		
Culinary Water Provider	Secondary Water Provide	r , l Wa . Jay	Wastewater T	tual sectic		
Property Owner Contact Inf	ormation					
Name of Property Owner(s) The Hansutanily Phone 949-395-1367 EmailAddress	Revocabe Trust Fax on @gmail.com	Mailing Address of Property Owner(s) 529 Emerald Ban Lagana Beach, CA 92651 Preferred Method of Written Correspondence Email Fax Mail				
Authorized Representative						
Name of Person Authorized to Represe Rondell B- H Phone 949-395.1367 EmailAddress		Owner(s) Mailing Address of Authorized Person 529 Emerald Bay Laguna Back CA 92651 Preferred Method of Written Correspondence				
randell. hans	anagmail.com	Email Fax	Mail			
Surveyor/Engineer Contact						
Name or Company of Surveyor/Engineer Fruest D. Rowley Phone Fax 801-731-4075		Mailing Address of Surveyor/Engineer Landmark Surveying Inc 4646 So. 35000 #A-3 West Haven UT 84401				
EmailAddress e nestalandma	Preferred Method of Written Correspondence Email Fax Mail					
Property Owner Affidavit	1					
and that the statements herein conta	day of See attached	(Property Owner)	its are in all res	spects true and correct to the best of		
	FOR	m				

(Notary)

Authorized Representative Affidavit	1 Continued
I(We), Rendell By Language, the owner(s) of (our) representative(s), Rendell By Language, the owner(s) of my (our) behalf before any administrative or legislative body in the County corpertaining to the attached application.	the real property described in the attached application, do authorized as my, to represent me (us) regarding the attached application and to appear on a national state of the
Dulall Fillanson	
(Property Owner)	(Property Owner)
Dated thisday of, 20, personally appear	ared before me, the
signer(s) of the Representative Authorization Affidavit who duly acknowledged to	me that they executed the same.
See attacher	Con the control of th
	(Notary)
me a salam como a	
	The state of the s
	and the state of t

State of California County of Orange On Oct 6 2016 before me, Patricia Nguen notary P Before me, Here Insert Name and Title of the Officer personally appeared Rondell B. Hanson Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/a subscribed to the within instrument and acknowledged to me that he/she/they executed the same
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/a subscribed to the within instrument and acknowledged to me that he/she/they executed the same
subscribed to the within instrument and acknowledged to me that he/she/they executed the same
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the law of the State of California that the foregoing paragrap is true and correct.
WITNESS my hand and official seal.
PATRICIA NGUYEN Commission # 2129511 Notary Public - California Orange County My Comm. Expires Nov 5, 2019 Signature Signature of Notary Public
Place Notary Seal Above OPTIONAL
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.
Description of Attached Document
Title or Type of Document: Document Date:
Number of Pages: Signer(s) Other Than Named Above:
Capacity(ies) Claimed by Signer(s)
Signer's Name: Signer's Name: Corporate Officer — Title(s): Corporate Officer — Title(s):
□ Corporate Officer — Title(s): □ Corporate Officer — Title(s): □ Partner — □ Limited □ General
☐ Individual ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator
□ Other: □ □ Other: □ □ Other: □ □
Signer Is Representing: Signer Is Representing:

A notary public or other officer completing this certificate document to which this certificate is attached, and not the t						
State of California) County of Occupse)						
On Oct 6, 2016 before me, tatr	Here Insert Name and Title of the Officer					
personally appeared	B. Hanson					
	Name(s) of Signer(s)					
who proved to me on the basis of satisfactory exsubscribed to the within instrument and acknowled his/her/their authorized capacity(ies), and that by his/for the entity upon behalf of which the person(s) acted	Iged to me that he/she/they executed the same in ner/their signature(s) on the instrument the person(s),					
of	ertify under PENALTY OF PERJURY under the laws the State of California that the foregoing paragraph true and correct.					
Commission # 2129511 Notary Public - California Orange County	gnature Oatrou Uguy Signature of Notary Public					
Place Notary Seal Above						
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.						
Description of Attached Document						
Title or Type of Document:	Document Date:					
Number of Pages: Signer(s) Other Than Named Above:						
Capacity(ies) Claimed by Signer(s)						
Signer's Name:	Signer's Name:					
Corporate Officer — Title(s):	Corporate Officer — Title(s):					
□ Partner — □ Limited □ General□ Individual □ Attorney in Fact	☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact					
☐ Trustee ☐ Guardian or Conservator	☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator					
Other:	Other:					
Signer Is Representing:	Signer Is Representing:					



Customer Receipt

Receipt Number

25913

Receipt Date

10/14/16

Received From:

Ella O Fowles

Time: 15:34

	· ····································			
			Clerk:	amartin
Description		Comment		Amount
Ella O Fowles		subdivision fees		\$370.00
Ella O Fowles	subdivision fees			\$520.00
Ella O Fowles	subdivision fees			\$450.00
	Payment Type	Quantity	Ref	Amount
	CHECK		681	
		AMT TENDERED:	\$1,340.00	
		AMT APPLIED:	\$1,340.00	
		CHANGE:	\$0.00	