

# WEBER-MORGAN HEALTH DEPARTMENT SUBDIVISION APPLICATION

FEE SCHEDULE: \$195 (1-5 LOTS) ADDITIONAL LOTS (OVER 5) \$45/LOT

## SUBDIVISION AND PROPERTY INFORMATION

Subdivision Name: *Shadow Oaks Subdivision #3*  
Previous Name(s): *"*  
Approximate Address: *6508 S. 2800 E.* Number of lots: *2*  
City: *Uintah* State: *UT* Zip: *84403*  
Culinary Water Provider: *Uintah Highlands*  
Land Serial Number(s):

## PROPERTY OWNER CONTACT INFORMATION

Name of Property Owner(s): *Barbara Trainor*  
Mailing Address: *6508 S. 2800 E.* City: *Uintah*  
State: *UT* Zip Code: *84403* Phone: *304-590-8082*  
Fax: Email: *bjtanddt@gmail.com*

## AUTHORIZED REPRESENTATIVE/ENGINEER CONTACT INFORMATION

Name: *Reeve & Associates*  
Address: *5160 W. 1500 S.* Phone: *801-621-3100*  
City: *Riverville* State: *UT* ZIP Code: *84405*  
Email: *office@reeve.co*

## INFORMATION REQUIRED (IF APPLICABLE)

Preliminary Plat Submitted. Topography:  
Soil Evaluation(s): Water table Monitoring  
Septic and wellhead location for existing infrastructure: Percolations Results:  
Location of nearest sewer and public water systems (Zone 2 delineation)  
Square footage and slopes of each proposed lot outside of any easements.

## SIGNATURES

I understand that this document is a guide for the submittal of information that may be required for approval of a new subdivision. Additional information may be required during the course of plan review. Completion of these requirements is not an assertion of the ability to subdivide.

Signature of applicant: *Barbara Trainor* Date: *2/16/2022*  
Signature of Authorized Representative: Date:

## OFFICE USE

PAID

DATE: