WEBER-MORGAN HEALTH DEPARTMENT SUBDIVISION

THE PLANT OF THE PARTY OF THE P	APPLICATION	
FEE SCHEDULE: \$240		NAL LOTS (OVER 5) \$50/LOT
SUBDIVIS	ON AND PROPERT	
Subdivision Name: 11/0stern	Street Comple	TIMOMIME
Approximate Address: 490 City: North Address:	2 70M IN	Number of lots: 1
City: West Warren State: UT		Zip 84404
Culinary Water Provider: West	Morron Il James	11110
		PID
10-0	037-0046	
PROPERTY	Y OWNER CONTACT	T INFORMATION
Name of Property Owner(s)	nance and chel	son Hansen
Mailing Address: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	600 €	City: HUMESUME
State: UT	Zip Code: 5543/	7 Phone: 801 726 2058
Fax:	Email: Chelsen Du	isconstructionutah.com
AUTHORIZED REPRES	ENTATIVE/ENGIN	EER CONTACT INFORMATON
Name:		Section 1
Address:		Phone:
City:	State:	ZIP Code:
Email:	elentre de la company	
INFORMA	TION 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 e	each proposed lot out	side of any easements:
	SIGNATURES	
required for approval of a new	subdivision. Additiona	ubmittal of information that may be al information may be required during irements is not an assertion of the
Signature of applicant: C		Date: 9-1-2 4
Signature of Authorized Representative:		Date:
OFFICE USE		
RECEIVED BY:	PAID:	DATE: