| All subdivisions submittals will be accepted by appointment only. (801) 399-8791. 2380 Washington Blvd. Suite 240, Ogden, UT 84401 |                                                                                                                                                         |                                            |                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|--|
| Pate Submitted / Completed                                                                                                         | Fees (Office Use)                                                                                                                                       | Receipt Number (Office Use)                | File Number (Office Use)                  |  |
| Subdivision and Property I                                                                                                         | Information                                                                                                                                             |                                            |                                           |  |
| ubdivision Name<br>Green Hill Co.                                                                                                  | unter Estates P                                                                                                                                         | Thase 6 Lot 104                            | Number of Lots                            |  |
| pproximate Address                                                                                                                 | coning control 1                                                                                                                                        | Land Serial Number(s)                      | 1                                         |  |
| pproximate Address <u>1176 N M</u> urrent Zoning                                                                                   | aple Dr                                                                                                                                                 |                                            | 500 M                                     |  |
| urrent Zoning $F - 5$                                                                                                              | Total Acreage                                                                                                                                           | - 210 84 0                                 | 005                                       |  |
| ulinary Water Provider                                                                                                             | Secondary Water Provi                                                                                                                                   | der Wastewater Treatment                   |                                           |  |
| Property Owner Contact In                                                                                                          | formation                                                                                                                                               |                                            |                                           |  |
| ime of Property Owner(s)                                                                                                           |                                                                                                                                                         | Mailing Address of Property Owner(s)       |                                           |  |
| Faith Hope<br>none<br>801-510-1473                                                                                                 | Fax                                                                                                                                                     | -                                          |                                           |  |
| Faithhope bachman@gmail.com                                                                                                        |                                                                                                                                                         | Preferred Method of Written Correspondence |                                           |  |
| Authorized Representative                                                                                                          |                                                                                                                                                         |                                            |                                           |  |
| Name of Person Authorized to Represent the Property Owner(s)                                                                       |                                                                                                                                                         | Mailing Address of Authorized Pers         | on                                        |  |
| Jason Peterson<br>hone<br>891-791-3939 801-745-3577                                                                                |                                                                                                                                                         | P.O. Box 60                                |                                           |  |
| ione<br>701-791-7939                                                                                                               | Fax<br>801-745-3577                                                                                                                                     | Eden UT 847310                             |                                           |  |
| Jeison @ petersonbuildess.com                                                                                                      |                                                                                                                                                         | Preferred Method of Written Correspondence |                                           |  |
| urveyor/Engineer Contact                                                                                                           |                                                                                                                                                         |                                            |                                           |  |
| me or Company of Surveyor/Engin                                                                                                    |                                                                                                                                                         | Mailing Address of Surveyor/Engine         | er                                        |  |
| and more Sugueging Inc                                                                                                             |                                                                                                                                                         | 46465. 3500W                               |                                           |  |
| one<br>181-731-4705                                                                                                                | Fax                                                                                                                                                     | West Haven, UT 841431                      |                                           |  |
| ail Address<br>tyle & landmark 5                                                                                                   | and and take come                                                                                                                                       | Preferred Method of Written Correspondence |                                           |  |
| roperty Owner Affidavit                                                                                                            | uo o cy a la l' co m                                                                                                                                    |                                            |                                           |  |
| nd that the statements herein cont                                                                                                 | 2 <u>H Bachman</u> , depose and<br>ained, the information provided in the at<br>ledge that during the subdivision review<br>onstructed or entered into. | tached plans and other exhibits are in     | all respects true and correct to the boot |  |

.

(Notary)

| Ne), 1 Craig E                                                                           | Fo'll R.                               |                                                                                                                                                                 |                                                                                                       |
|------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| I'vepresentative(s),<br>v (our) behalf before any adm<br>rtaining to the attached applie | inistrative or legislative body in the | owner(s) of the real property described in the attached<br>, to represent me (us) regarding the attack<br>county considering this application and to act in all | application, do authorized as m<br>ned application and to appear o<br>respects as our agent in matter |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
| operty Owner)                                                                            | pe Dorher                              | 6. Prchman                                                                                                                                                      |                                                                                                       |
| operty owner                                                                             |                                        | (Property Owner)                                                                                                                                                |                                                                                                       |
| ted this day of                                                                          | 20                                     | pally approved by fear and                                                                                                                                      |                                                                                                       |
| ner(s) of the Representative Au                                                          | uthorization Affidavit who duly ackno  | nally appeared before me<br>owledged to me that they executed the same.                                                                                         | , the                                                                                                 |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 | (Notary)                                                                                              |
|                                                                                          |                                        |                                                                                                                                                                 | (Notary,                                                                                              |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
| 1 m                                                                                      |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |
|                                                                                          |                                        |                                                                                                                                                                 |                                                                                                       |