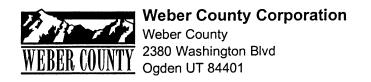
CO Weber County Subdivision Application All subdivisions submittals will be accepted by appointment only. (801) 399-8791. 2380 Washington Blvd. Suite 240, Ogden, UT 84401 Date Submitted / Completed Fees (Office Use) ReceiptNumber(OfficeUse) File Number (Office Use) **Subdivision and Property Information** Subdivision Name Number of Lots Clinin Rose Garden LandSerialNumber(s) 2000 200 32 AB3, SI Culinary Water Provider Secondary Water Provider **Wastewater Treatment** Eden Waterworks Eden Irrigation **Property Owner Contact Information** Name of Property Owner(s) Mailing Address of Property Owner(s) PO BOX 331 Breed a Sharon Vause Eden, UT 84310 801-389-3881 **Email Address** Preferred Method of Written Correspondence Vause 78@ gmail. com Email Fax Mail **Authorized Representative Contact Information** Name of Person Authorized to Represent the Property Owner(s) Mailing Address of Authorized Person 2834 N. 700 E. North Ogden, UT 84414 801-234-0399 **Email Address** Preferred Method of Written Correspondence Email Fax Mail clay b christensen @ gmail. com Surveyor/Engineer Contact Information Name or Company of Surveyor/Engineer Mailing Address of Surveyor/Engineer 4646 S. 3500 W # A-3 West Haven, UT 84401 Preferred Method of Written Correspondence ernest@landmarksurveyutah.com Fax Mail **Property Owner Affidavit** Vause , depose and say that I (we) am (are) the owner(s) of the property identified in this application and that the statements herein contained, the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge. I (we) acknowledge that during the subdivision review process, it may be determined that additional requirements, covenants and/or agreements may be required to be constructed or entered into. asou (Property Owner) NOTARY PUBLIC Subscribed and sworn to me this A TEL day of March , 20 16 **COMMISSION EXPIRES** JANUARY 12, 2017 STATE OF UTAH

| uthorized Represe | ntative Affidavit | | | | | | |
|---|--|---|---------------------------------|--|-------------------|-------------------|------------------|
| (We), Brad & Sour representative(s), ny (our) behalf before a pertaining to the attache | havon Vause Clay Charistee my administrative or le d application. | 1 9-1A | to. | real property desc o represent me (us) dering this applicati | regarding the att | ached application | and to appear or |
| Sharow x Property Owner) | 1 huse | | | Front Owner | | ane | |
| Dated this 30 da | y of <u>March</u> tative Authorization Af | , 20 <u>//</u> , p Efidavit who duly a | ersonally appeared | d before mee | Sharon + | Brad Vo | ause, th |
| | | NOTARY PU TRESSA H 666123 COMMISSION JANUARY 12 STATE OF 1 | HEIL 3 EXPIRES 2, 2017 | | Diessa | 2/e | (Notar) |
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Customer Receipt Receipt 18493 Number

Receipt Date

07/19/16

Received From:

Yellow Rose Garden

Time: 16:24

| | | | Clerk: | tbennett |
|-------------|--------------|---------------|----------|----------|
| Description | | Comment | | Amount |
| Planning | | | \$900.00 | |
| | Payment Type | Quantity | Ref | Amount |
| | CASH | | | |
| | | AMT TENDERED: | \$900.00 | |
| | | AMT APPLIED: | \$900.00 | |
| | | CHANGE: | \$0.00 | |
| | | | | |