Application submittals will be accepted by appointment only Date Submitted 6-26-2019. Property Owner/Authorized Representative Contact Information Name of Property Owner(s)/Authorized Representative(s) Bulf Hones Phone Fax Sol-458-1685 Email Address Bell Bulf Hones & gmail. Con Mailing Address of Property Owner(s)/Authorized Representative(s) 4655 & 1900 w 49 Roy Uf 84067.	Project In Project Name Project Addre	Priority Site (Office Use Yes formation The second standard second se	e))No	Permit Number (Office Use) 2017-67 EN Pank DR.	
Property Owner/Authorized Representative Contact Information Name of Property Owner(s)/Authorized Representative(s) Bell Bult Hones Bell Bult Hones @ gmail. Com Mailing Address of Property Owner(s)/Authorized Representative(s)	Project In Project Name Project Addre	oyes @ formation 74 Every Huntvisle)No	2019-67	
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4655 \$ 1900 W #9 Roy Ut 84067.		APPLICATION TO THE STATE OF THE			
	190	ak	Previo	ous Permit No. (if applicable)	
	Estimated Sta	Estimated Start Date 7 - 1 - 2019		Actual Start Date ASA P.	
Submittal Checklist				•	
Land Use Permit: The date that the applicant submits a land use permit Other: At least two (2) weeks before the developer intends to perform a Activity Permit pursuant to this Chapter. Failure to acquire a required Storm Water Construction Activity Permit is g use permit application, or building permit application. It is unlawful to con Water Construction Activity Permit. Note: A pre-costruction meeting is required before preforming any on-site	rounds for tabling anmence work (mov	a related subdivision app e dirt) on a developmen	olication, s t site befo	site plan application, conditional	
Applicant Narrative					
Please explain your request.					
Authorization					
By signing below the Owner / Representative authorizes the county to enter	er the property to p	perform inspections.			
Owner or Authorized Representative Signature	/			Date 6-25-2019.	
signature of Approval				6-25-2019. Date 6-26-19	