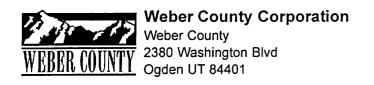
| Weber County Subdivision Application | | | | | | | | |
|--|--|---|--|-------------------------|--|--|--|--|
| All subdivisions submittals will be accepted by appointment only. (801) 399-8791. 2380 Washington Blvd. Suite 240, Ogden, UT 84401 | | | | | | | | |
| Date Submitted / Completed | Fees (Office Use) | | ReceiptNumber(OfficeUse) | | File Number (Office Use) | | | |
| Subdivision and Property | Information | | | | | | | |
| Subdivision Name Aidden Oaks - Wolf C | | | Number of Lots | | | | | |
| Approximate Address | wder mtn | Road | Land Serial Number(s) | | | | | |
| Current Zoning | TotalAcreage | 06 | 22-2 | 09- | 0008 | | | |
| Culinary Water Provider Wolf Creek | Seco | ndary Water Provide | neek | Wastewater [*] | Jolf Creek | | | |
| Property Owner Contact I | nformation | | | | | | | |
| Name of Property Owner(s) Kollent L. & Tammy Bracken Phone Fax FOL-388-5015 402)501-1978 Email Address | | | Mailing Address of Property Owner(s) 283 (a N. 1335 E, 1014 Ogden Utah 84414 Preferred Method of Written Correspondence | | | | | |
| BrackenPlace | Emsn.c | | Email Fax | Mail | | | | |
| Authorized Representative | | | | | | | | |
| Name of Person Authorized to Represent the Property Owner(s) | | | Mailing Address of Authorized Person | | | | | |
| Phone | Fax | | , | | | | | |
| Email Address | | | Preferred Method of Written Correspondence Email Fax Mail | | | | | |
| Surveyor/Engineer Contac | t Information | | | | | | | |
| Phone SOL 476-020 EmailAddress | Fax Vil. Com | ng | Mailing Address of Surveyo 5/50 5. Ogdon Preferred Method of Writte Email Fax | 375 Hah | 84405 | | | |
| Property Owner Affidavit | | | | | | | | |
| | owledge that during the e constructed or entered | n provided in the att subdivision review | ached plans and other exhibit | s are in all re | e property identified in this application espects true and correct to the best of ional requirements, covenants and/or | | | |
| Subscribed and sworm to me this_ | uay or | 20_1 | | | | | | |

| We); Robert Bracken, the owner(| (c) of the real property described in the attached and in the |
|---|--|
| | (s) of the real property described in the attached application, do |
| | half before any administrative or legislative body in the County |
| | s as out agent in matters pertaining to the attached application |
| The Back | |
| | (Duran artis Ossa an) |
| roperty Owner) | (Property Owner) |
| | |
| | nally appeared before me signer(s) of the Representative Affida |
| ho duly acknowledged to me that they executed t | the same. |
| | 1. Campil |
| ANN J. MORB | Notary North |
| NOTARY PUBLIC • STATE of U | ITAH |
| COMMISSION NO. 70524 COMM. EXP. 03-18-20 | 42 023 |
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Customer Receipt

Receipt Number 114290

Receipt Date

08/12/19

Received From:

Robert Bracken

Time:

09:57

| | | | Clerk: | amorby |
|-----------------|--------------|----------------------|----------|----------|
| Description | | Comment | | Amount |
| ZONING FEES | | Subdivision Amendmen | | \$545.00 |
| ENG SUBDIV FEES | | Subdivision Amendmen | | \$200.00 |
| SURVEY SUBDIV | | Subdivision Amendmen | | \$200.00 |
| | Payment Type | Quantity | Ref | Amount |
| | CHECK | | 500 | |
| | | AMT TENDERED: | \$945.00 | |
| | | AMT APPLIED: | \$945.00 | |
| | | CHANGE: | \$0.00 | |