

## Weber County Design Review Application

Application submittals will be accepted by appointment only. (801) 399-8791. 2380 Washington Blvd. Suite 240, Ogden, UT 84401

Date Submitted / Completed

9/20/19

Fees (Office Use)

Receipt Number (Office Use)

File Number (Office Use)

### Property Owner Contact Information

Name of Property Owner(s)

Intermountain Health Care

Mailing Address of Property Owner(s)

Phone

Fax

Email Address

Preferred Method of Written Correspondence

☐ Email ☐ Fax ☐ Mail

### Authorized Representative Contact Information

Name of Person Authorized to Represent the Property Owner(s)

Luke Love

Mailing Address of Authorized Person

36 South State Street  
Salt Lake City, UTAH 84111

Phone

801-381-0398

Fax

Email Address

Luke.Love@imail.org

Preferred Method of Written Correspondence

☒ Email ☐ Fax ☐ Mail

### Property Information

Project Name

Intermountain Health Care Snowbasin Clinic

Current Zoning

DRR-1

Total Acreage

Approximate Address

3925 SNOW BASIN RD  
HUNTSVILLE, UTAH 84317

Land Serial Number(s)

Proposed Use

Medical Instacare Clinic

Project Narrative

1200 Square foot remodel and build out of tenant space. Snowbasin resort is leasing this space to Intermountain Healthcare. Intermountain Healthcare will manage and fund the build out of this small clinic. Highlights include new HVAC systems, Plumbing and electrical to support 3 exam rooms, 1 procedure room, 1 X-ray room, and support spaces.

### Property Owner Affidavit

I (We), Davy Ratchford, 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.

Davy Ratchford  
(Property Owner)

Davy Ratchford  
(Property Owner)

Subscribed and sworn to me this 3 day of September, 2019.

Vickie Harris  
(Notary)

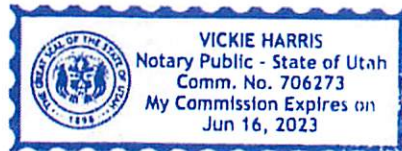
### Authorized Representative Affidavit

I (We), Davy Ratchford, the owner(s) of the real property described in the attached application, do authorize as my (our) representative(s), Luise Lake, to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the County considering this application and to act in all respects as our agent in matters pertaining to the attached application.

Davy Ratchford  
(Property Owner)

Davy Ratchford  
(Property Owner)

Dated this 3 day of September, 2019 personally appeared before me Davy Ratchford, the signer(s) of the Representative Authorization Affidavit who duly acknowledged to me that they executed the same.



Vickie Harris  
(Notary)

# Credit Card Receipt - Paid By Phone

Heber County Planning

2330 Washington Blvd  
Ogden, UT 84401  
Phone: 801-399-8454  
09/20/19 08:55

## Sale

Merchant ID: 138016  
Sequence #: 001  
Card Type: VISA  
Auth. Code: 020957  
Acct. No: \*\*\*\*\*3660

Amount: 300.00  
Serv Fee: 7.35  
-----  
Total : 307.35

APPROVED

Phone

Signature

I agree to pay the above total amount  
according to the card issuer agreement  
(Merchant agreement if credit voucher)

We appreciate your payment!  
Thank You Very Much!

Merchant Copy