|  | MEDI   | el Co  | Julity 5t  | ormw  | , acc.   |  | iction Act   |  |   |
|--|--|--|--|---|--|--|--|--|---|
| Applica  | ation submit   | ttals will   | be accepted by   | appointme   | ent only. (8   | 01) 399-8374.  | 2380 Washington B  | lvd. Suite 2   | 40, Ogden, UT 84401   |
| te Submitted   |  | Fees (Of<br>\$4  | fice Use)<br>50.00   | Rec   | ceipt Numbe  | er (Office Use)  | Priority Site (Office Yes  | Use)<br>No   | Permit Number (Office Use) 2019-221   |
| operty Owner/Authorized Representative   |  |  |  |   | Project Information  |  |  |  |   |
| lame of Property Owner(s)/Authorized Representative(s)   |  |  |  |   |  | Project Name   |  |  |   |
| Trom + Nancy Powers  |  |  |  |   |  | Project Name Home Project Address  6505. 4100 W.   |  |  |   |
| one  | 1  |  | Fax  |   |  | Project Addre  | ess  | 1  |   |
| 101-726-   | - 8782   | 2  |  |   |  | 650  | 5. 4100  | w.   |   |
| mail Address  + i Dower's @ mac, com  ailing Address of Property Owner(s)/Authorized Representative(s)   |  |  |  |   |  | ogden, Ut 84404  |  |  |   |
| +i pou   | wers 6   | 2 ma   | c. com   |   |  | - 3.0  | 84   | -101   |   |
| ailing Address of  | f Property Ov  | wher(s)/A  | uthorized Repres   | sentative(s)  |  |  |  |  |   |
| 650 S  | 0 410  | , p  | ' '  |   |  | Estimated Pro  | oject Length (mo)  | Prev   | ious Permit No. (if applicable)   |
| Daden  | ut   |  |  |   |  | 8 months Estimated Start Date  |  | Actual Start Date  |   |
| 650 S.   |  | 8440   | 104  |   |  |  |  |  |   |
|  |  |  |  |   |  | Dec 5  | ,2019  |  |   |
|  |  |  |  |   |  |  |  |  |   |
| ubmittal Ch  | ECKIIST  |  |  |   |  |  |  |  |   |
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