

WEBER-MORGAN HEALTH DEPARTMENT SUBDIVISION APPLICATION

FEE SCHEDULE: \$ 195 (1-5 LOTS) ADDITIONAL LOTS (OVER 5) \$ 45/LOT

SUBDIVISION AND PROPERTY INFORMATION

Subdivision Name: *Willy's Place*

Previous Name(s):

Approximate Address: *561 N 5500 W*

Number of lots: *3*

City: *Plain City*

State: *UT*

Zip *84404*

Culinary Water Provider:

Land Serial Number(s): *15-025-0015*
15-025-0014

PROPERTY OWNER CONTACT INFORMATION

Name of Property Owner(s) *Paul A & Pamela Taylor Hodson Trustees*

Mailing Address: *2543 N 3975 W*

City: *Plain City*

State: *UT*

Zip Code: *84404*

Phone: *801-430-1613*

Fax:

Email: *pplhodson45@gmail.com*

AUTHORIZED REPRESENTATIVE/ENGINEER CONTACT INFORMATION

Name: *JEFF HALES*

Address: *5355 WEST 2150 NORTH*

Phone: *801-540-9947*

City: *OGDEN*

State: *UTAH*

ZIP Code: *84404*

Email: *JEFFWHALES@LIVE.COM*

INFORMATION REQUIRED (IF APPLICABLE)

Preliminary Plat Submitted:

Topography:

Soil Evaluation(s):

Water table Monitoring:

Septic and wellhead location for existing
infrastructure:

Percolations Results:

Location of nearest sewer and public water systems (Zone 2 delineation):

Square footage and slopes of each proposed lot outside of any easements:

SIGNATURES

I understand that this document is a guide for the submittal of information that may be required for approval of a new subdivision. Additional information may be required during the course of plan review. Completion of these requirements is not an assertion of the ability to subdivide.

Signature of applicant: *Paul A Hodson*

Date:

Signature of Authorized Representative: *Jeff Hales*

Date: *6-29-21*

OFFICE USE

RECEIVED BY:

PAID:

DATE: