

Application for Subdivision



Date Submitted _____

Developer's Name _____

Developer's Mailing Address _____

Developer's Daytime Phone _____ Developer's Fax / E-mail _____

Subdivision Name _____ Phase _____

Subdivision Address _____

Is this a Re-Subdivision _____ Current Property Zone _____ Is Re-Zoning Required _____

Acreage of property being divided _____ Acreage of entire land parcel _____

Number of proposed lots in Subdivision _____ In Phase _____ Number of Phases _____

Title Search Completed Y N *Attach Documentation

Available Utilities and Services:

Culinary Water	Y	N	
Secondary Water	Y	N	Company: _____
Secondary System	Y	N	
Adequate Storm Sewer/Drainage	Y	N	
Sewer	Y	N	
Electric Power	Y	N	
Natural Gas	Y	N	
Telephone Service	Y	N	
Broadband/Fiber Internet	Y	N	Comcast: Jim Hansen/801-831-6849 Century Link: Troy Long/801-974-8119 Connex: Dave Brown/ 801-686-2468 Optic Loop: Tim Wright/801-737-1900
Cable/Satellite TV	Y	N	Company: _____

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Property is in which Flood Zone: _____ Panel Number: _____

Lowest Elevation of Property: _____

Access Road above 4,215' Elevation: _____ Source: _____

Does the property contain Wetlands: _____ Source: _____

Please give a brief history of the property that is being subdivided (attach additional pages if needed).

Please describe any agreements, right-of-ways, easements, etc. which could affect the planning and construction of this development (attach additional pages if needed).

I have read and understand the Subdivision Ordinance. I understand I am responsible for all engineering costs. I believe the information on this form is true and correct to the best of my knowledge. I understand missing or inaccurate data may result in delays in processing this application.

Signed _____ Date _____

FEE SCHEDULE

Subdivision Plan Processing:

1-4 lots	\$100.00
5-9 lots	\$100.00 plus \$10/lot
10-24 lots	\$150.00 plus \$10/lot
25 lots +	\$250.00 plus \$10/lot

Engineering Fee Deposit: \$125.00/lot/phase

Application Fee \$ _____ Developer User Fee \$ _____ Total \$ _____

Receipt # _____ Date Paid _____ Received by _____