

DIVISION OF ENVIRONMENTAL HEALTH

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APPLICATION FOR SUBDIVISION FEASIBILITY

** Application will NOT be accepted without Tax ID No. and Preliminary Plat Map **

Application Date	:	//						
Subdivision Na	me:							
Property Addres	ss:							
City:						Zip:		
Developer Nam	ne:							
Developer Addr	ress:							
City:						Zip:		
Phone: Email:						l		
Number of Lots	; :		Size of Lots:		ТО	Tota	Il Acreage:	
Water Source:					1	I		
Property Tax II	D Nur	nber: <mark>(Not Soci</mark>	i <mark>al Security Nu</mark>	<mark>mber)</mark>				
 □ Existing Buildin □ Owner Name, □ Direction of No □ Lot Numbers a □ Proposed site □ Slopes, including Comments:	Addreorth and Acorth	ess, and Phone Nu reage colation test for ea	umber ach lot	nt (if availa	able)			
Fees: Base Fee: Other: (Explain)				= To	otal:			
** FOR OFFICE USE ONLY ** Date of Payment: Payment Received By: Amount Paid: \$								
Date of Payment Filed In: File Number:	<u>: </u>			ea By: Check Check #:		□ Cr	redit / Debit oval Code:	