

Preliminary Plat Application

Project Information			
Official Project Name:			
Number of Lots:Total Acreage of the subject Property:			
Surrounding Land Uses			
General Location of the Property:			
Type of Subdivision: Undeveloped Subdivision Mortgage/ Farm Preservation Subdivision Developed Subdivision			
Authorized Agent Information			
Authorized Agent:			
Address:			
Phone: Cell:			
Email:			
Property Owner Information			
Property Owner:			
Address:			
Phone: Cell:			
Email:			
Engineer Information			
Company & Contact:			
Address:			
Phone: Cell:			
Email:			

Landscape Architect Information

Company & Contact:		
Address:		
Phone:	Cell:	
Email:		

Application Certification: I certify under penalty of perjury that this application and all Information submitted as a part of this application are true, complete, and accurate to the best of my knowledge. I also certify that I am the owner of the subject property and that the authorized agent noted in this application has my consent to represent me with respect to this application. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Fairfield Town may rescind any approval, or take any other legal or appropriate action. I also acknowledge that I have reviewed the applicable sections of the Fairfield Town Code and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are Unique to individual projects or uses. Additionally, I acknowledge that I have reviewed and understand the section from the Consolidated Fee Schedule and hereby agree to comply with this ordinance. I also agree to allow the Staff, Planning Commission, town council, or appointed agent(s) of the town to enter the subject Property to make any necessary inspections thereof.

Property Owner's Signature:	Date:	
For Office Use Only		
Date://		
Application fees paid		
Fire Inspection completed: Date By:		
Fire Inspection fee paid		
Fire Suppression:		
Zoning:		
Utah County Health Department Approval Number	(need a copy of certificate)	
Utah County Assessor Department:		
Conditional Use Permit:		
Road Dept		
Planning Commission: Approved: Denied: Date	9:	
Comments:		
Town Council: Approved: Denied: Date:		

Updated 06/12/2025 103 East Main Street, Fairfield, Utah 84013 (801) 766-3509 sshelley@fairfieldtown-ut.gov Page 1of 2

Comments:		
□ Check #:	Paid:	
Title	Signature	Date