

LAND DISTURBANCE APPLICATION

Date:		
Property Address:		
Parcel Numbers:		
Acres:		
Request:		
Name of Applicant:		
Address of Applicant:		
City:		
Email of Applicant:		
Phone Number:		
ApplicantsAffiliationwiththe	SubjectProperty:	
City:	State:	Zip:
Architect:		
Email of Architect:		
Phone:		
Engineer:		
Email of Engineer:		
Phone:		
Property Owner:		
Email Of Owner:		
Phone#		

Applicant's Affidavit

Fairfield Town)
I (we) am (are) the overapplication and that the exhibits thoroughly, the requested herewith a	, being duly sworn, depose and say the vner(s) or authorized agent(s) of owner, of property involved in the attached he statements and answers contained herein in the attached plans and other to the best of my (our) ability, present the argument in behalf of the application and that the foregoing statements and information above referred to are in all trect to the best of my (our) knowledge and belief.
Signed	
STATE OF UTAH UTAH COUNTY) §)
appeared	, in the year 20, before me, personally, proved to me through satisfactory evidence of identification, which was to be the person whose name is signed on the preceding document in my presence.
Notary Signature	
	tract owner, party to valid earnest money agreement, option holder, or have other legal control of the property Agent Authorization
*May be owner of record, con	Agent Authorization
*May be owner of record, con I (we), at as my (our) agent to r	Agent Authorization, the owner(s) of the real proper Fairfield Town, Utah, do hereby appoint represent me (us) with regard to this application affecting the above-describe athorize to appear on my (our) behalf before any
*May be owner of record, con I (we), at as my (our) agent to real property, and au City Boards consider	Agent Authorization, the owner(s) of the real proper Fairfield Town, Utah, do hereby appoint represent me (us) with regard to this application affecting the above-describe athorize to appear on my (our) behalf before any
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	preceding document in my presence.			
	Notary Signature			
For Offi	ce Use Only			
Date:	/			
	Application fees paid Fire Inspection completed: Date Fire Inspection fee paid Utah County Health Department Zoning: Soil Report / Certificate Planning Commission: Approved Comments:	Approval Number_	Date:	
	Building Department Approved: Comments:			
	☐ Total Fees: Paid ☐ Check #: ☐ License #:			
-	Title Signati	ure	Date	