

DIVISION OF ENVIRONMENTAL HEALTH

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APPLICATION FOR PLAT AMENDMENT

Applic	ation Date	e:	_//_							
Origin	nal Subdivis	sion Na	me:							
Prope	erty Addres	s:								
City:			l				Zip:			
Deve	loper:						<u> </u>	<u> </u>		
Addre	ess:									
City:					Zip:			State:		
Property Tax ID No:					Water	Sourcce:	Sourcce:			
(Prope	rty Tax ID n	umber	is not the Social	 Security Number	<u>r)</u>					
	Lub 2									-
	Applica	tion wi	ill NOT be acc	epted without	Prop	erty Tax ID	no.(s)	and Or	riginal	Plat Map
	Existing B Owner Na Direction of Lot Number Slopes, in Propose Subdivision Existing B Owner Na Direction of Lot Number Slopes, in	uildings me, Ado of North ers and cluding d Plat A on and L uildings me, Ado of North ers and	dress and Phon Acreage contour lines if Amendment: Lot Boundaries S, Wells, Ditches dress and Phon Acreage	s, Ponds, Roads, le Number the slope is sign s, Ponds, Roads,	ificant etc.					
Comm	ents:									
				055105		OM 1/4				
				<u>OFFICE</u>		UNLY				
Rece	ived By:			Payment Dat	te:			Amount	Paid:	\$
Filed	In:					□ Che	ck		□ Cr	edit / Debit
File Number:			─ □ Cash		Check	eck #·		Approval Number:		