MIDWAY CITY

Planning Office

Phone: 435-654-3223 x105 Fax: 435-654-2830 mhenke@midwaycityut.org

Midway Water Advisory Application

Applicant or Authorized Representative:			
Name:	Phone:	Fax:	
Mailing Address:	City:	State:	Zip:
E-mail Address:			
Project Name:			
Location:			
Total Acreage: Number of Units:	Historically Irrigated Area	::	
Existing Water Connections:			
Comments:			

Please submit with application Site Plans, Plat Maps, Drawings or any information that pertains to water calculations.

Please read and sign before application submittal

I declare under penalty of perjury that I am the owner or authorized agent of the property subject to this request and the foregoing statements, answers and attached documents are true and correct. As the applicant for this proposal, I understand that my application is not deemed complete until the Planning Office has reviewed the application. I further understand I will be notified when my application has been deemed complete. At that time, I expect that my application will be processed within a reasonable time.

Signature of Owner or Agent:	Date [.]	
Signature of Owner of Agent.	 Date.	

FOR OFFICE USE ONLY

STAFF:	
Date Received:	
Received By:	·
Fee Paid:	

PLANNER: Complete / Incomplete Date: _____ Reviewed by:___

OTATE

Application Number
Zone:
Tax ID Number: