



Ballard City

Route 2, Box 2381
Ballard, UT 80466
(435) 722-3393

Concept Plan

Name of Subdivision: _____ **Number of Lots:** _____ **Acreage:** _____

Project Location: _____ **Specific Address:** _____

Tax ID# of all Parcels Affected: _____

Owner of Property: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Applicant: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Engineer: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

CONTACT PERSON FOR PROJECT OF THOSE LISTED ABOVE: _____

Please include with the application:

1. Two (2) 24" x 36" and one (1) 8.5" x 11" copies and one electronic copy in PDF format on a disk of the Concept Plan showing the land to be subdivided, properly and accurately drawn to scale and according to the requirements of Section 1209 of the Land Use Ordinance
2. A completed and signed Conceptual Plan Checklist

Signature of Applicant: _____ **Date:** _____

Signature or Consent of Owner: _____ **Date:** _____