

APPLICANT'S AFFIDAVIT – PRELIMINARY APPLICATION

Name of Proposed Subdivision: _____

County Tax Parcel Number of Property to Be Subdivided: _____

I, _____ (applicant/agent name), 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. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Enoch City may rescind any approval, or take any other legal or appropriate action. I also acknowledge that I have reviewed the applicable sections of the Enoch City Subdivision Ordinance and that items and checklists contained in this application are basic and to the minimum requirements only and that other requirements may be imposed to ensure compliance with municipal ordinances and approved standards and specifications. Additionally, I agree to pay all fees associated with this application, as set by the currently adopted Enoch City Consolidated Fee Schedule.

Signed:

Applicant/Agent

Date

Subscribed and sworn to before me:

Notary Public

Date

Notary Seal: