



**BOULDER** *Town*

351 North 100 East - PO Box 1329 - Boulder, Utah

(435) 335-7300

87712

**APPLICATION FOR SUBDIVISIONS**

**APPLICANT INFORMATION**

Date: 8.23.22

Name: Full Moon Farms, LLC (Rachel Levinson)

Address: 3723 N. Grandview Dr.

City: Flagstaff State: AZ Zip: 86004

Phone: 928.380.0265 Fax:

Cell Phone: 928.380.0265

Email: raquelllevinson@gmail.com

Contact Person: Rachel Levinson & Rodney Torgersen 435-893-0881

435.893.1855 (cell)

**CONCEPT SUBDIVISION APPLICATION**

Fee Amount: \$

Proposed Number of Lots: 6

Location/Address of Proposed Application: 515 S. Lower Boulder Rd.

Current Zoning District: Green Belt / Multiple Use (GMU)

Name of Property Owners: Full Moon Farms, LLC  
Rachel Levinson

Signature of Applicant(s): R. Levinson



**PROPERTY OWNER AFFIDAVIT**

STATE OF UTAH     }  
                                  }ss  
COUNTY OF GARFIELD}

I (we), \_\_\_\_\_, depose and say that I (we) am (are) the owner(s) of the property identified in the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my (our) knowledge.

\_\_\_\_\_  
(Property Owner)  
\_\_\_\_\_  
(Property Owner)

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary)

My commission expires: \_\_\_\_\_

**AGENT AUTHORIZATION AFFIDAVIT**

I (we), Rachel Levinson of Full Moon Farms, LLC, the owner(s) of the real property described in the attached application, do authorized as my (our) agent(s), Rodney Torgersen, to represent me (us) regarding the attached application and to appear on my (our) behalf before any administrative or legislative body in the Town considering this application and to act in all respects as our agent in matters pertaining to the attached application.

Rachel Levinson  
(Property Owner)  
\_\_\_\_\_  
(Property Owner)

Dated this 23<sup>rd</sup> day of August, 2022, personally appeared before me Rachel Levinson, the signer(s) of the agent authorization who duly acknowledged to me that they executed the same.

[Signature]  
(Notary)

My commission expires: 04/16/2025

