

Lake Tawakoni Planning & Zoning

Plat Application

Date Received: _____		Property Zoning _____	
Plat Name: _____		Property Acreage _____	
Project Location: _____			
Plat Description: _____		_____	
Prelim. <input type="checkbox"/>		Final <input type="checkbox"/>	
Replat <input type="checkbox"/>		Other <input type="checkbox"/>	
Parcel ID: _____	Current Use: _____	Proposed Use: _____	
Additional Information: _____			

Owner Information: _____			
Name: _____		Contact Person: _____	
Address: _____			
Phone Number: _____		Fax Number: _____	
_____		Email: _____	

Owner's Agent	Contact Person	Phone Number	Email
Owner Acknowledgement	The above named agent is hereby authorized to act on my behalf.		Date
	Signature: _____		
Land Planner	Contact Person	Phone Number	Email
Realtor	Contact Person	Phone Number	Email
Surveyor	Contact Person	Phone Number	Email
Engineer	Contact Person	Phone Number	Email <input type="checkbox"/>
Other	Contact Person	Phone Number	Email

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances will be complied with whether specified or not. The granting of approval does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction, land use or land subdivision.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY: Reviews are requested from all departments prior to application approval.

Plat - LTPZ Comm.	Approved By: _____	Date: _____	County	Approved By: _____	Date: _____
Plat - City	Approved By: _____	Date: _____	Other	Approved By: _____	Date: _____

Pre-Application Conference Date _____	Completed _____	Total Fees: _____
Planning & Zoning Comm. Date _____	Approved _____	Receipt #: _____
Commissioners Court Date _____	Approved _____	Ordinance # _____