

Planning & Development Department  
**SUBDIVISION PLAT APPLICATION**  
(10 or more acres, 4 or more lots, replat)

**1. PROPERTY OWNER CONTACT INFORMATION:**

OWNER NAME: \_\_\_\_\_ PHONE 1: \_\_\_\_\_

PHONE 2: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**2. AGENT/CONTRACTOR REPRESENTING PROPERTY OWNER:**

AGENT/CONTRACTOR NAME: \_\_\_\_\_ PHONE 1: \_\_\_\_\_

PHONE 2: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**3. PROPERTY DESCRIPTION:**

PARCEL NO(s) (13-digit HCAD Tax ID #): \_\_\_\_\_

SUBJECT PROPERTY ADDRESS (If existing): \_\_\_\_\_

SUBJECT PROPERTY LEGAL DESCRIPTION \_\_\_\_\_

**4. INFORMATION SPECIFIC TO APPLICATION:**

TYPE OF PLAT:     GENERAL     PRELIMINARY     FINAL

PROPOSED NAME: \_\_\_\_\_ # SECTIONS: \_\_\_\_\_ # LOTS: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**5. APPLICATION CHECKLIST & SUPPORTING DOCUMENTATION:**

COMPLETE ITEMS 1 THRU 4 OF APPLICATION

ATTACH APPLICABLE PLANS

SUBMIT CORRECT APPLICATION FEE (Refer to Application Fee Schedule for applicable fees)

**(STAFF USE ONLY):**

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_ - \_\_\_\_\_

SCHEDULED DATE FOR PLANNING & ZONING COMMISSION AGENDA: \_\_\_\_\_