Application for Subdivision Plat Approval

**Type:**
- ___ Preliminary
- ___ Final
- ___ Replat
- ___ Minor
- ___ Amended
- ___ Vacation

**Purpose of Plat:**
____________________________________________________________

**Plat Title:**
________________________________________________________________________

**Current Legal Description:**
___________________________________________________________

**Total Acreage:** __________  **Number of Lots:** __________  **Zoning:** __________

**Owner/Developer Information:**
Name: ______________________________________________________
Address: ___________________________________________________
Phone: (     )     Fax: (     )     Work E-mail: _______________________

**Surveyor/Engineer Information:**
Name: ______________________________________________________
Address: ___________________________________________________
Phone: (     )     Fax: (     )     Work E-mail: _______________________

**Applicant/Agent Information:**
Name: ______________________________________________________
Address: ___________________________________________________
Phone: (     )     Fax: (     )     Work E-mail: _______________________

**Required Documents:**
- o 1 Electronic Copy of Plat
- o 1 Fullsize Copy of Plat (24”x36”)
- o 1 Halfsize Copy of Plat (11”x17”)
- o Most Current Recorded Subdivision Plat for Replat or Amendment

**Owners/Applicant Certification**
A plat application will not be considered filed pursuant to Section 212.009 of the Texas Local Government Code until all required documents and fees have been submitted and all of the terms and conditions of the City of Texarkana Subdivision Ordinance, including all necessary studies, plans, and supporting information are accepted and approved. All necessary plat checklists and fees must also be turned in with this application.

I certify that the information on this form and the attached plats is true and accurate to the best of my/our knowledge and that all necessary documents have been submitted for approval, and all terms and conditions of the City of Texarkana, Texas Subdivision Ordinance have been met. I understand that the City may reject this application if any information that is submitted is incomplete.

__________________________________________
Applicant’s Printed Name

__________________________________________
Applicant’s Signature

__________________________________________
Date

Application Fee: ____________________

Received by: ____________________

Revised: 12/21/2015